



**Addictions and Mental Health
Division**

**2008 Oregon Youth Services
Survey for Families**

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Presented by

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2008 Oregon Youth Services Survey for Families

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Executive Summary

In 2008, the Addictions and Mental Health Division (AMH) contracted with Acumentra Health to survey the family members¹ of children enrolled in the Oregon Health Plan (OHP) about the mental health services their children received. This report presents the results of the statewide survey.

Acumentra Health mailed the Youth Services Survey for Families (YSS-F) to parents or guardians of 11,906 children younger than 18 who received OHP mental health services between June 2007 and December 2007. Families of children receiving OHP mental health services returned 2,385 responses, for an overall response rate of 20.4 percent.

The YSS-F instrument probed issues related to family satisfaction with the mental health organizations (MHOs) and service providers delivering services to children in six performance domains:

- Access to Services
- Cultural Sensitivity
- Treatment Outcomes
- Family Participation in Treatment
- Appropriateness of Services
- Social Connectedness

The 2008 survey built on previous AMH surveys by asking families to provide additional data about their satisfaction with the services delivered to their children and families, including

- services provided by the individual MHOs
- services provided at outpatient, psychiatric residential, and psychiatric day treatment facilities
- service coordination among a child's mental health care providers, and between those providers and state government agencies and programs that serve children (e.g., county and State child welfare agencies, the Oregon Youth Authority (OYA) and other juvenile justice programs, educational agencies and programs, providers of services to persons

¹ Although the survey was mailed to parents and guardians (including group home and foster care staff who completed the survey or forwarded the survey to the families of recently-discharged enrollees), this report refers throughout to survey responders as "family members" to maintain consistency with the goals of the Children's System Change Initiative (CSCI).

who are developmentally disabled, and substance abuse treatment providers)

AMH revised the YSS-F survey form to include survey items on topics such as family members' expectations of the results of their children's mental health treatment, the frequency of services families have received, and the reasons a child began mental health treatment.

AMH will use the survey findings to help guide its ongoing efforts to improve the quality of State-funded mental health services for children. The Children's System Change Initiative, mandated by the Oregon Legislature during the 2003–2005 legislative session, is designed to serve Oregon's children in the least restrictive environment possible by moving them, when appropriate, from psychiatric residential treatment and the Oregon State Hospital into community-based mental health services under managed care.

Here are highlights from the 2008 survey results:

Performance domain scores

- Although the scores responders awarded their children's mental health care providers varied widely, more than half of all responders reported being satisfied with their children's care provider.
- Compared with their responses in 2007, responders in 2008 reported less satisfaction with the appropriateness of care providers' treatments, treatment outcomes, their participation in their children's treatment, and their family's access to services. Responders reported greater satisfaction in 2008 with their children's social connectedness compared to 2007. Responders' satisfaction with providers' cultural sensitivity did not change from 2007 to 2008.
- African American families reported notably lower satisfaction with their children's social connectedness, cultural sensitivity, and treatment outcomes, compared with families from other racial groups.
- Scores of providers by families whose children received services in an outpatient setting increased between 2007 and 2008, and generally were the highest scores providers received across domains. In contrast, responders whose children received treatment in a psychiatric residential setting awarded providers lower scores than the other responder subgroups in three of the six domains.

- Service domain scores from families whose children were served in psychiatric day treatment facilities declined in five of the six domains between 2007 and 2008. Responders whose children received services in psychiatric residential settings reported lower satisfaction in every domain in 2008 compared to 2007.
- Provider domain scores between 2007 and 2008 from responders whose children received services in outpatient facilities rose only for the Social Connectedness domain, and three of six domain scores remained the same.
- For all domains except Social Connectedness, responders' satisfaction with their children's mental healthcare providers was significantly higher among those responders whose children were still receiving mental health services than among those whose children were no longer receiving treatment.

Coordination of services

- On average, families reported receiving services from two state programs for children in addition to OHP mental health services. Eight out of 10 responders reported coordination of provider services with those of the state's educational system, and nearly six of 10 reported provider coordination of mental healthcare treatment with child welfare services. Eleven percent reported that their children's mental health services were coordinated with all of the non-mental health agencies and programs.
- Responders' overall satisfaction with the coordination of their children's mental healthcare services declined between 2007 and 2008. Sixty-one percent of responders reported being satisfied with the coordination of these services, compared with 64 percent in the 2007 survey.
- Responders' highest domain satisfaction scores for care coordination of mental health services in 2008 were for the coordination of their children's mental health care with education services (71 percent) and child welfare agencies (69 percent). Responders in 2008 were less satisfied than in 2007 with the coordination of mental health services with juvenile justice (52 percent) activities, services for persons with developmental disabilities (52 percent), the OYA (48 percent), and substance abuse treatment programs (43 percent).

- Responder satisfaction with the coordination of children's mental health services with child welfare, juvenile justice, the OYA, and substance abuse treatment facilities scores increased between 2007 and 2008. However, families' satisfaction with coordination of care between their children's mental health providers and the educational system declined between 2007 and 2008.
- The percent of responders satisfied with the coordination of *all* services for their children rose between 2007 and 2008 for those whose children received psychiatric day treatment services, decreased for responders whose children were treated in psychiatric residential facilities, and remained the same for those whose children received treatment in outpatient settings.

Introduction

AMH started using the YSS-F survey in 2002. It has been sent to the families of children who received outpatient mental health services through OHP. The Mental Health Statistical Improvement Project (MHSIP) designed the YSS-F to measure the perceptions, in five performance domains, of parents and guardians of children who receive mental health services:²

- Access to services (convenience of location and time)
- Family involvement or participation in the child's treatment
- Provider staff sensitivity to the child's cultural background
- Appropriateness of services received
- Treatment outcomes

Increasing families' satisfaction with mental healthcare providers serving their children in these domains is central to ongoing quality improvement efforts by AMH. It is also integral to the ongoing transformation of state-funded mental health services for children through the Children's System Change Initiative.

In 2005, AMH widened the scope of the YSS-F by

- including in the survey population the families of children who received mental health services in psychiatric residential and psychiatric day treatment facilities
- adding questions about the coordination of services for children—both within the mental health system and between mental health care providers and other state-funded services outside the system
- mailing the survey to a random sample of families whose children received OHP services within a defined period

Clinicians and researchers consider coordination of services for children needing mental health care a best practice for improving mental health outcomes. Service coordination also is a primary focus of the CSCI. Coordination of services within communities is imperative for the success of the CSCI, which seeks to increase the availability and quality of individualized, intensive home and community-based services. Research has shown that greater emphasis on community-based treatment

² The YSS-F is endorsed by the National Association of State Mental Health Program Directors (NASMHPD). For more information, see the MHSIP website at www.mhsip.org.

and cross-agency collaboration improves children's mental health care.³ The most effective interventions address all aspects of a child's and a family's lives, including physical and mental health, family and peer relations, and needs for financial, social, and academic supports. Effective interventions also require communication and collaboration among those providing services to the child and her or his family, so that assessment, treatment planning, and intervention can be coherent, consistent, and comprehensive.

In 2007, AMH again expanded the scope of the YSS-F by adding questions about Social Connectedness, a new domain recommended by the NASMHPD workgroup. AMH also added questions about each child's school attendance, arrest history, and use of alcohol or illegal drugs. The 2008 survey gathered data on these subjects as well (analyzed in Appendix A).

The 2006 to 2008 surveys collected comparative data that tracked family members' satisfaction with their children's psychiatric residential and day treatment services, and the coordination of these mental health and other State-funded services for children. The 2008 domain score data from families with children treated in outpatient facilities, however, are comparable to results of the 2002 through 2007 surveys.

³ Semansky RM, Koyanagi C. Accessing Medicaid's child mental health services: The experience of parents in two states. *Psychiatr Serv* (2003)54;475–476.

Methodology

As part of its ongoing monitoring of the quality of mental health services provided to OHP enrollees, AMH contracted with Acumentra Health to survey family members of children who received mental health services between June 2007 and December 2007, as identified by claims and encounter data from the Division of Medical Assistance Programs (DMAP). All children were younger than 18 years of age when they received these services.

The YSS-F survey instrument presents questions designed to measure responder satisfaction with the performance and service of MHOs in the domains of Access to Services, Family Participation in Treatment, Cultural Sensitivity, Appropriateness of Services, Social Connectedness, and Treatment Outcomes. The survey used a five-point Likert scale, with responses ranging from “Strongly Agree” (5) to “Strongly Disagree” (1).

Appendix C presents the English and Spanish language versions of the 2008 survey questionnaire.

Survey methods

The AMH 2008 sample survey population included parents or guardians of 11,906 randomly selected children who received OHP mental health services from nine Oregon MHOs.

AMH oversampled certain family subpopulations because of their small sample size. These included families residing in sparsely populated rural Oregon counties, children who belonged to a racial and/or ethnic minority, and the under-18 enrollees of FamilyCare, Inc.

AMH classified the children according to the setting in which they received mental health services:

- The *Psychiatric Residential Treatment* group was comprised of children who received at least one day of psychiatric residential services.
- The *Psychiatric Day Treatment* group consisted of children who had received at least one day of psychiatric day treatment services, but who had received no psychiatric treatment in a residential facility.
- The *Outpatient Treatment* group consisted of children who received only outpatient mental health services.

AMH also identified each child in the survey group as being in a given MHO when he or she received the most recent service (prior to the questionnaire), except when AMH did not identify the MHO or when a child was classified as a fee-for-service (FFS) client.

On June 11, 2008, Acumentra Health mailed letters informing the children's families of the upcoming AMH survey. Families received letters written in English or Spanish, depending on the family's language preference identified in the DMAP enrollment data.

On June 26, 2008, Acumentra Health mailed the first round of AMH surveys to the 11,906 families who were potential survey participants. Two hundred and twenty five survey forms were returned without delivery, and valid addresses could not be identified for these families. After filtering out incorrect addresses and responders who had returned the survey, Acumentra Health did a second mailing to non-responders on July 28.

From the remaining 11,681 surveys mailed to valid addresses, 2,385 responders returned a survey form by the completion deadline, for an overall response rate of 20.4 percent. Acumentra Health excluded from the survey analysis data from surveys it received after the deadline.

Survey response

Currently, AMH contracts with nine MHOs to manage the delivery of mental health services through the OHP. They are:

- Accountable Behavioral Health Alliance (ABHA)
- Clackamas Mental Health Organization (CMHO)
- FamilyCare, Inc.
- Greater Oregon Behavioral Health, Inc. (GOBHI)
- Jefferson Behavioral Health (JBH)
- LaneCare
- Mid-Valley Behavioral Care Network (MVBCN)
- Multnomah Verity Integrated Behavioral Healthcare Systems (VIBHS)
- Washington County Health and Human Services (WCHHS)

Table 1 displays the survey response from families whose children received outpatient, psychiatric residential, and psychiatric day treatment services through assigned MHOs. Note: This table does not include responses from the parents or guardians of the 1,916 children AMH did not assign to an MHO, or that AMH

classified as FFS. However, those responses are included in the analysis of statewide data.

Table 1. Survey response rate by MHO⁴

MHO	Number of responses	Number of surveys mailed	Response rate (%)
ABHA	128	645	20
CMHO	135	662	20
FamilyCare	64	345	19
GOBHI	210	908	23
JBH	341	1431	24
LaneCare	305	1261	24
MVBCN	350	1797	19
VIBHS	421	2035	21
WCHHS	126	681	19

Table 2 presents the survey response rate by the type of facility in which the responder's child was treated. Table 3 shows enrollee response rates by certain demographic variables.

⁴ *Indicates a statistically significant difference ($p < .05$) in response rates among MHOs.

Table 2. Survey response rate by treatment setting⁵

Setting	Number of responses	Number of surveys mailed	Response rate (%) [*]
Outpatient	2191	10,756	20
Day	106	425	25
Residential	88	500	18

Table 3. Survey response rate by certain demographic characteristics⁶

Characteristic	Number of responses	Number of surveys mailed	Response rate (%)	
Sex	Female	1039	5152	20
	Male	1346	6529	21
Age group [*]	0–5	185	1030	18
	6–12	1103	5071	22
	13–17	972	4819	20
	18-21	125	761	16
Race [*]	Racial Minorities	401	2177	18
	White (Caucasian)	1713	7906	22
Location of residence [*]	Rural	957	4334	22
	Urban	1413	7226	20

⁵ *Indicates a statistically significant difference ($p < .05$) in response rates among facility types.

⁶ Indicates a statistically significant difference ($p < .05$) in response rates among demographic groups.

Data analysis

A score of responder satisfaction with the services provided by his or her child's MHO for each performance domain was calculated, with higher Likert scores representing higher levels of satisfaction (e.g., 4 = "Agree" and 5 = "Strongly Agree"). Excluded from the analysis of a domain was data from surveys lacking responses for more than one-third of the items for a domain.

Domain scores were calculated for a particular responder by averaging the scores on all answered items for a domain (as long as less than one-third of the items lacked responses). An average score greater than 3.5 represented responder satisfaction with his or her child's mental health service provider for that domain. That is, the domain score is the percentage of responders who reported an average positive value (>3.5) for that domain.

For example, the Participation domain contains three items:

- "I helped to choose my child's services."
- "I helped to choose my child's treatment goals."
- "I participated in my child's treatment."

A responder's provider satisfaction score for this domain was calculated if the responder provided a score for at least two of the three items comprising the domain. If a responder answered all three and gave the scores 3, 4, and 5, respectively, the average of these scores would be $(3+4+5)/3 = 4$. Since $4 > 3.5$, this responder would be considered "satisfied" with the services of his or her child's MHO in the Participation domain.⁷

Univariate analysis was used to determine demographic variables and other frequencies, cross-tabulations were used to examine the relationship between and among different variables, and chi-square analyses were used to compute statistical differences.

⁷ Note: The number of responses reported for each data table may be lower than the total number of survey responders as some responders did not provide an answer to all items needed to calculate a particular domain score.

Survey Results

Domain scores

Figure 1 shows that, in contrast to 2007, families in 2008 reported slightly lower satisfaction with their children's providers in the Participation, Access to Services, Appropriateness, and Treatment Outcomes domains. Families' satisfaction with providers' cultural sensitivity has remained at the same level for the last three years. However, responders' satisfaction with their children's social connectedness increased between 2007 and 2008. Table B-1 in Appendix B presents these data in tabular form.

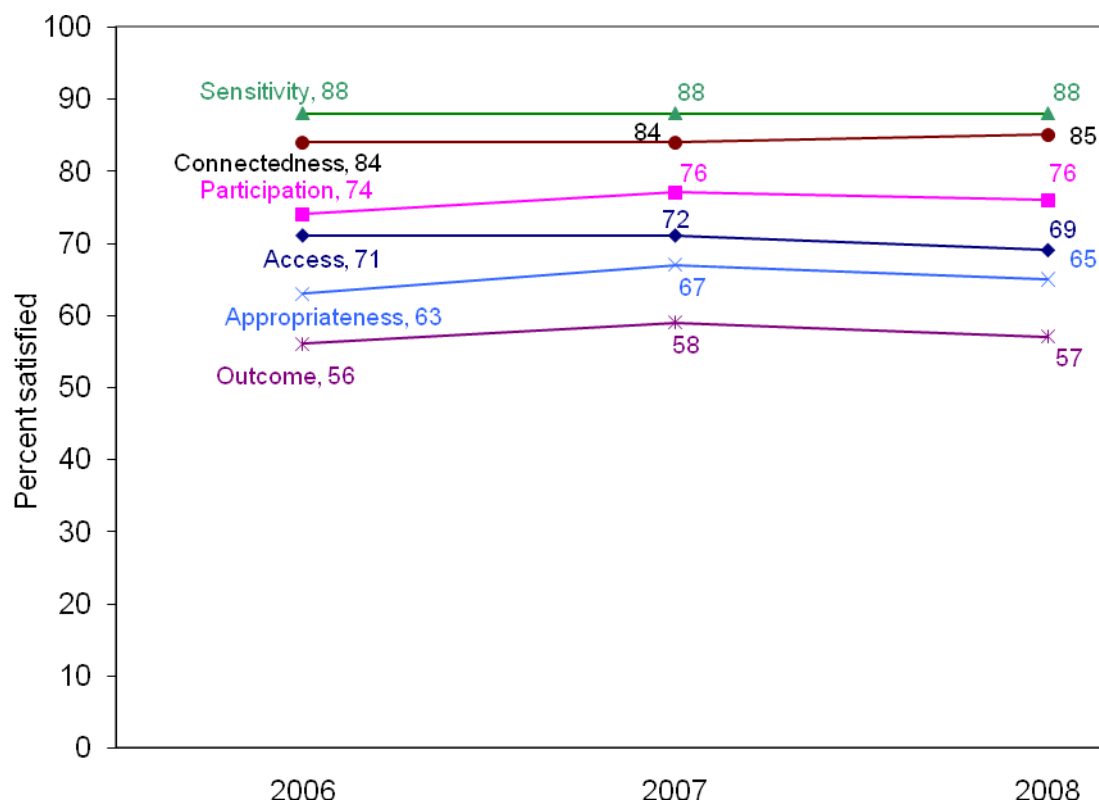


Figure 1. Domain scores: 2006–2008

Figure 2 presents MHO domain scores from the families of children served in an outpatient setting. Data collected by facility type from 2002 to 2008 are available only for this subpopulation of survey responders. Figure 2 shows that responders' MHO domain scores increased dramatically in the first years of the survey, but flattened or declined since 2006. However, the changes in satisfaction scores between 2002 and 2008 are not statistically significant. Table B-2 presents this data in tabular form.

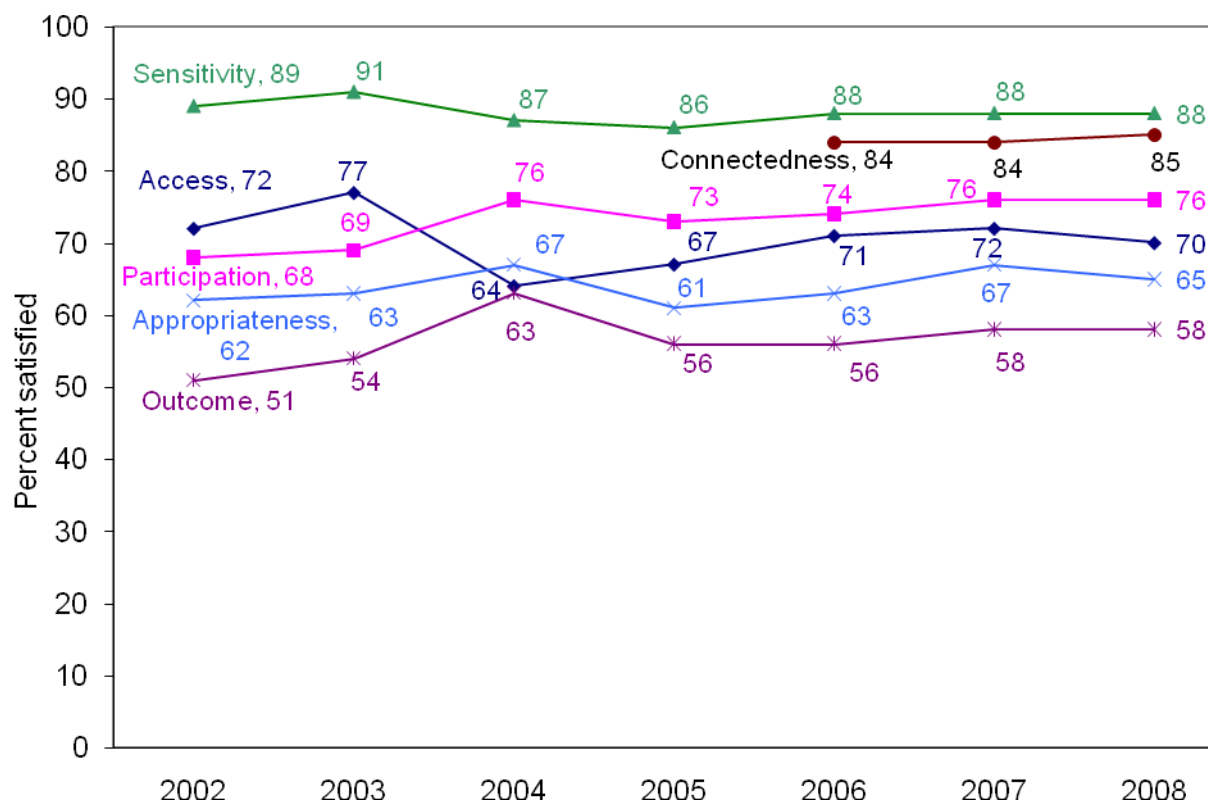


Figure 2. Domain scores: Outpatient only, 2002–2008

Table B-3 in Appendix B shows the aggregate percentages of survey responders whose children received treatment in outpatient settings and who indicated agreement or strong agreement with each survey item, grouped within each performance domain, in 2002 and 2003, and between 2005 and 2008. No comparable data are available before 2005 from families whose children received treatment in psychiatric residential and day treatment settings.

Table B-4 in Appendix B shows the aggregate percentages of positive responses to individual survey items by treatment setting in 2008. Table B-5 shows the percentages of positive responses by MHO.

Comparing an individual MHO domain score with the aggregate scores for individual items within that domain can be misleading, for reasons related to the method for calculating the domain score, as established for the national YSS-F.

1. The domain score calculation excludes some responses to individual items if a responder provides responses to less than two-thirds of the items in that

domain. However, the analyst included these responses in the analysis of individual items within a domain.

2. The Mental Health Statistical Improvement Project (MHSIP) designed the domain score calculation to characterize responder satisfaction, such that a consistently positive response to the individual items within a domain is necessary to characterize a responder as “satisfied” with his or her children’s mental healthcare provider for that domain. A domain score *greater than 3.5* is necessary to qualify a responder as satisfied (where “4” = Agree and “5” = Strongly Agree). A single “dissatisfied” response (“1” or “2”) to an item within a domain can pull down the domain score to 3.5 or less. The Access domain, for example, contains two items. A response of “5” to one and “2” to the other would result in a domain score of 7/2, or 3.5, which is not adequate to qualify a responder as satisfied with an MHO’s performance for that domain.

Table 4 compares 2007 and 2008 domain scores from responders whose children received treatment in one of three treatment settings. In that period, responders with children treated in psychiatric residential settings lowered their provider satisfaction scores for all six-service domains. Responders with children served in psychiatric day treatment facilities reduced their scores for five of the six domains, with the sharpest declines in the Treatment Outcomes (from 68 percent to 45 percent), Appropriateness (from 74 percent to 61 percent), and Participation (from 89 percent to 79 percent) domains. Finally, families whose children were treated in outpatient facilities reduced their provider satisfaction scores between 2007 and 2008 in three domains (Appropriateness, Access, and Social Connected), and left their scores unchanged in the rest.

The data was tested for differences among treatment settings. Families of children treated in outpatient facilities scored their providers significantly higher for the Treatment Outcomes domain, compared to families with children treated in psychiatric residential and day treatment facilities. However, families with children in psychiatric residential treatment reported significantly lower satisfaction with providers for the Access to Services domain, compared to families with children in outpatient and day treatment facilities.

Table 5 shows the 2008 domain scores by MHO. ABHA had the highest domain score in three domains: Appropriateness, Cultural Sensitivity, and Access to Services. Responders gave GOBHI the lowest scores in the Social Connectedness, Appropriateness, and Treatment Participation domains. The domain scores were tested and significant differences found among MHOs, as shown in the table. Note

that these scores may rate responder satisfaction with the MHO's contracted service providers rather than with the MHO itself.

Chi-square tests were used on each domain to compare each MHO's score to those of the other MHOs. Then overall chi-square tests were used to measure differences among the MHOs in the percentages of satisfied responders. Each percentage of satisfied responders for each MHO was tested against the combined score of all other MHOs. The third approach is believed to be strong in showing which MHO stood out from the rest within a domain, and the data tables show results based on that approach.

Tables B-6 and B-7 in Appendix B present the 2008 responders' domain scores by treatment setting and by MHO, with a 95 percent confidence interval (CI) for each score. The CI indicates the upper and lower limits within which the satisfaction score would be expected to fall 95 times if 100 identical surveys were conducted.

Table 4. Responders' scores of MHO domains by child's treatment setting, 2007–2008⁸

Treatment Setting	Appropriateness		Treatment Outcomes		Participation		Cultural Sensitivity		Access		Social Connectedness	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Outpatient	67	65	58	58*	76	76	88	88	72	70*	84	85*
Residential	70	63	64	52	80	75	90	89	70	57*	82	76*
Day	74	61	68	45*	89	79	93	90	63	63	87	82
Aggregate	67	65	58	57	76	76	88	88	72	69	84	85

⁸*Indicates a statistically significant difference ($p < .05$) between responders' scores for this facility type compared to those for the others.

Table 5. Domain scores by MHO, 2008⁹

MHO	Appropriateness	Treatment Outcomes	Participation	Cultural Sensitivity	Access	Social Connectedness
ABHA	75*	60	79	92	79*	85
CMHO	62	59	74	89	61*	87
FamilyCare	69	61	82	87	76	84
GOBHI	59	53	70*	85	67	78*
JBH	61	60	77	89	75	87
LaneCare	70	60	81	90	70	82
MVBCN	69	59	80	90	70	85
VIBHS	62	51*	72*	85*	69	89*
WCHHS	63	53	79	91	65	82
Aggregate	65	57	76	88	69	85

⁹ *Indicates a statistically significant difference ($p < .05$) between responders' scores for this MHO compared to those for the other MHOs as a group.

Demographic comparisons

Domain scores by age group

Responders' scores were clustered into groups based on the ages of the child receiving services: 0–5, 6–12, 13–17, and 18–21 years of age. Table 6 shows the proportion of responders satisfied with their children's mental health providers in the six service domains, and the number of survey responders for each age group.

Variations in domain scores by age group were statistically significant in the Appropriateness, Participation, Treatment Outcomes, and Social Connectedness domains. Satisfaction with social connectedness ranged from 93 percent for the youngest group to 82 percent for the oldest. The percentage of those satisfied with their responders' performance in the Appropriateness domain ranged from 67 percent for the youngest age group to 53 percent in the oldest.

Table 6. Responders' MHO domain scores (n) by age of responder's child¹⁰

Domain	Age groups			
	0–5	6–12	13– 17	18– 21
Appropriateness*	67 (177)	67 (1086)	64 (946)	53 (123)
Access	64 (176)	70 (1081)	70 (936)	65 (122)
Participation*	73 (176)	81 (1089)	73 (948)	53 (121)
Treatment Outcomes*	56 (170)	60 (1068)	55 (938)	46 (119)
Cultural Sensitivity	85 (176)	89 (1064)	87 (928)	83 (115)
Social Connectedness*	93 (175)	85 (1077)	83 (929)	82 (118)

Responders' MHO domain scores by gender

Table 7 shows MHO domain scores by gender and the numbers of male and female responders for each domain. Responders with female children tended to report higher satisfaction in most domains compared to responders with male children. Satisfaction with their child's social connectedness was significantly higher for responders with female children than for those with male children.

¹⁰ *Indicates a statistically significant difference ($p < .05$) in the responses among age groups.

Table 7. Responders' MHO domain scores (n) by child's gender¹¹

Domain	Female	Male
Appropriateness	66 (1017)	64 (1315)
Access	69 (1010)	69 (1305)
Participation*	74 (1019)	77 (1315)
Treatment Outcomes	59 (1006)	55 (1289)
Cultural Sensitivity	89 (989)	87 (1294)
Social Connectedness*	88 (1000)	83 (1299)

MHO domain scores by location of responder's residence

Responders were classified as rural or urban based on the ZIP Code of their current residence, even though their children may have received mental health services elsewhere. As defined by the Office of Rural Health at Oregon Health & Science University, rural areas are "all geographic areas 10 or more miles from the centroid of a population center of 30,000 or more." Table 8 displays the domain scores by responders' place of residence and the number of responders in each domain.

Table 8. Domain scores (n) by location of responder's residence¹²

Domain	Rural	Urban
--------	-------	-------

¹¹ *Indicates a statistically significant difference ($p < .05$) for satisfaction scores between gender groups.

¹² *Indicates a statistically significant difference ($p < .05$) for responders' satisfaction scores based on location of responder's residence.

Appropriateness	63 (926)	66 (1394)
Access	70 (920)	69 (1383)
Participation*	73 (928)	77 (1394)
Treatment Outcomes	57 (916)	57 (1367)
Cultural Sensitivity	88 (902)	88 (1369)
Social Connectedness*	83 (923)	86 (1364)

Overall, there was no salient difference in satisfaction between responders in urban and rural areas. However, chi-square tests revealed that responder satisfaction in the Treatment Participation and Social Connectedness domains were significantly higher for those responders in urban areas compared to those in rural zones.

Responder MHO domain scores by child's race and ethnicity

Table 9 displays domain scores and denominator numbers by the race of the child receiving OHP mental health services.¹³ There was no group with a higher proportion of satisfied responders in a majority of the domains. However, African American families, compared to those of other racial groups, reported notably lower satisfaction with their children's social connectedness and treatment outcomes, and with providers' cultural sensitivity. The chi-square analysis showed a significant difference in the proportion satisfied among the racial groups in the Treatment Outcomes domain.

Table 9. Domain scores (n) by child's race¹⁴

Domain	African American	American Indian/ Alaska Native	Multiracial	Other	White (Caucasian)
Appropriateness	63 (129)	69 (104)	66 (268)	68 (76)	63 (1621)
Access	69 (127)	74 (103)	67 (264)	70 (76)	69 (1614)

¹³ Due to the small size of the survey samples, data from persons who are Asian and Native Hawaiian/Other Pacific Islander is not included in this table.

¹⁴ *Indicates a statistically significant difference ($p < .05$) in responder satisfaction scores among racial groups.

Participation	75 (129)	80 (104)	75 (268)	80 (76)	75 (1626)
Treatment Outcomes*	44 (128)	58 (106)	58 (262)	64 (73)	56 (1598)
Cultural Sensitivity	82 (129)	88 (105)	92 (261)	88 (74)	87 (1582)
Social Connectedness	80 (128)	82 (107)	87 (262)	84 (74)	85 (1597)

A separate question asked survey responders whether the child was of Hispanic or Latino(a) origin. Out of 2,249 responders, 14.4 percent reported the child's ethnicity as Hispanic or Latino(a). Table 10 compares MHO domain scores from those families with those reported by all other responders. In every domain, satisfaction was higher for those who reported the child's ethnicity as Hispanic or Latino(a), and the scores were significantly higher in five of the six domains.

Table 10. Domain scores (n) by child's ethnicity¹⁵

Domain	Hispanic or Latino(a)	Not Hispanic or Latino(a)
Appropriateness*	74 (317)	64 (1887)
Access*	76 (313)	68 (1876)
Participation*	83 (315)	75 (1891)
Treatment Outcomes*	68 (310)	56 (1860)
Cultural Sensitivity*	93 (313)	87 (1843)
Social Connectedness	87 (312)	85 (1861)

Families' scores of MHO domains by their children's most recent mental health diagnosis

Table 11 shows the results of analyzing the domain satisfaction scores families awarded the MHOs providing mental health services to their children by their child's most recent diagnosis, grouped into diagnostic categories. These diagnoses were grouped into categories used in past AMH annual and quarterly reports. For example, included in the Depressive Disorders category children whose most recent diagnosis was the ICD-9 code of 296.20, "Major Depressive Disorder, Single Episode, Unspecified."

Table 11 illustrates that no diagnostic category garnered the most or the least positive satisfaction scores from families of children receiving mental health services through OHP. However, the spread of families' positive satisfaction within a domain is noteworthy. For example, parents of children with a diagnosis in the bipolar category gave their children's MHOs a score of 46 in the Treatment Outcomes domain, while families of children diagnosed with an anxiety disorder, gave providers a score of 63 for the same domain. The differences in the percentage of responders in the treatment categories who were satisfied with their children's mental health care provider were statistically significant in the Treatment Outcomes, Participation, Cultural Sensitivity, and Social Connectedness domains.

¹⁵ *Indicates a statistically significant difference ($p < .05$) among the satisfaction scores of responders who are Hispanic or Latino(a) responders and non-Hispanic or non-Latino(a) responders.

Table 11. Responder MHO domain scores (n) grouped by child's most recent diagnosis, 2008¹⁶

Domain	Adjustment disorders	Anxiety disorders	Attention -deficit disorders	Bipolar disorders	Depressive disorders	Drug/ Alcohol - related	Pervasive development disorder
Appropriateness	67 (751)	70 (376)	64 (572)	58 (59)	58 (206)	60 (73)	61 (69)
Access	72 (744)	70 (376)	71 (568)	63 (59)	65 (205)	62 (73)	67 (69)
Participation*	76 (752)	77 (378)	82 (571)	71 (59)	67 (205)	49 (74)	80 (70)
Treatment Outcomes*	60 (740)	63 (370)	54 (564)	46 (61)	51 (206)	56 (72)	49 (65)
Cultural Sensitivity*	88 (738)	91(366)	90 (560)	85 (60)	84 (207)	74 (69)	91 (66)
Social Connectedness*	88 (739)	88 (366)	83 (569)	80 (61)	84 (206)	86 (70)	68 (68)

¹⁶*Indicates statistically significant differences ($p < .05$) in the percentage of responders with children in each diagnostic category reporting satisfaction with their children's MHO for a particular service domain.

Responders' satisfaction with their children's MHO by children's service status

About 55 percent of the survey responders said their children still received OHP mental health services; 41 percent said their children no longer received services; and 3 percent did not know whether their children were receiving services.

YSS-F survey responders were assigned to two groups based on their response to the question, "Is your child still receiving mental health services?"¹⁷ Domain scores were then computed for each group, as shown in Figure 3. Table B-8 in Appendix B presents these data in tabular form.

In all domains, except Social Connectedness, significantly higher percentages of responders whose children still received OHP mental health services reported being satisfied with those services, compared with those whose children were no longer being receiving OHP mental health services.

¹⁷ Data from responders who did not know their children's service status were not included in this analysis.

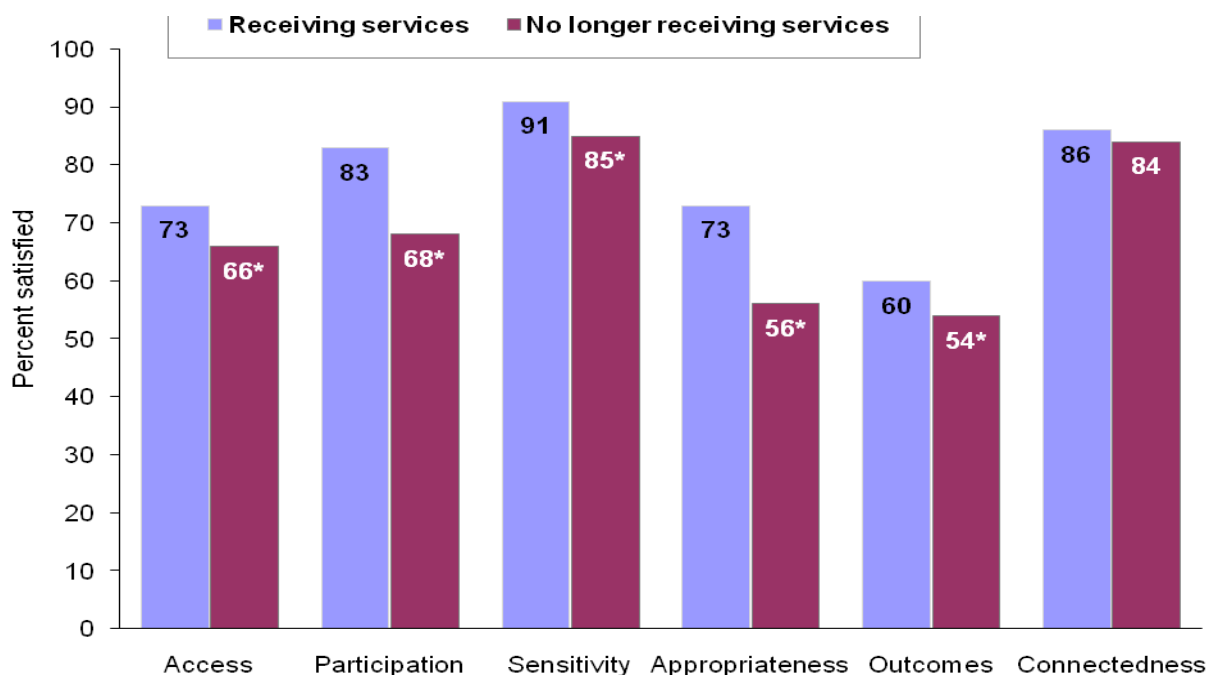


Figure 3. Responders' MHO domain scores by children's service status¹⁸

Coordination of services

Many children receiving mental health services from OHP receive other state-funded services. The survey asked responders to indicate their satisfaction with the coordination of their children's mental health treatment with that provided by six non-mental health services and agencies: child welfare, the OYA, juvenile justice, education, services to persons with developmental disabilities, and substance abuse treatment. Figure 4 displays the percentages of responders who identified their children as receiving one or more of these services.

¹⁸*Indicates a statistically significant ($p < .05$) difference between the groups' satisfaction scores.

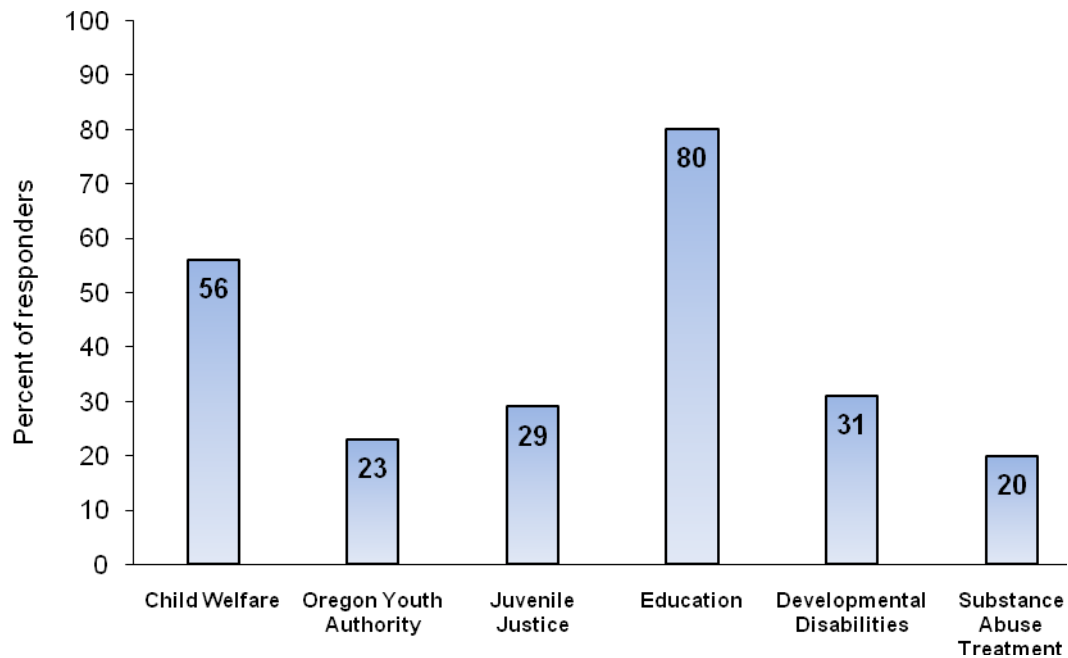


Figure 4. Percent of responders whose children received specific, State-funded, non-mental health services

On average, responders reported that their children received services from two of these six providers, a figure consistent with the findings of the 2007 and 2006 surveys. As shown in Figure 5, below, 12 percent of responders in 2008 noted that their children received none of these State-funded, non-mental health services, and 11 percent reported requiring care coordination with all six.

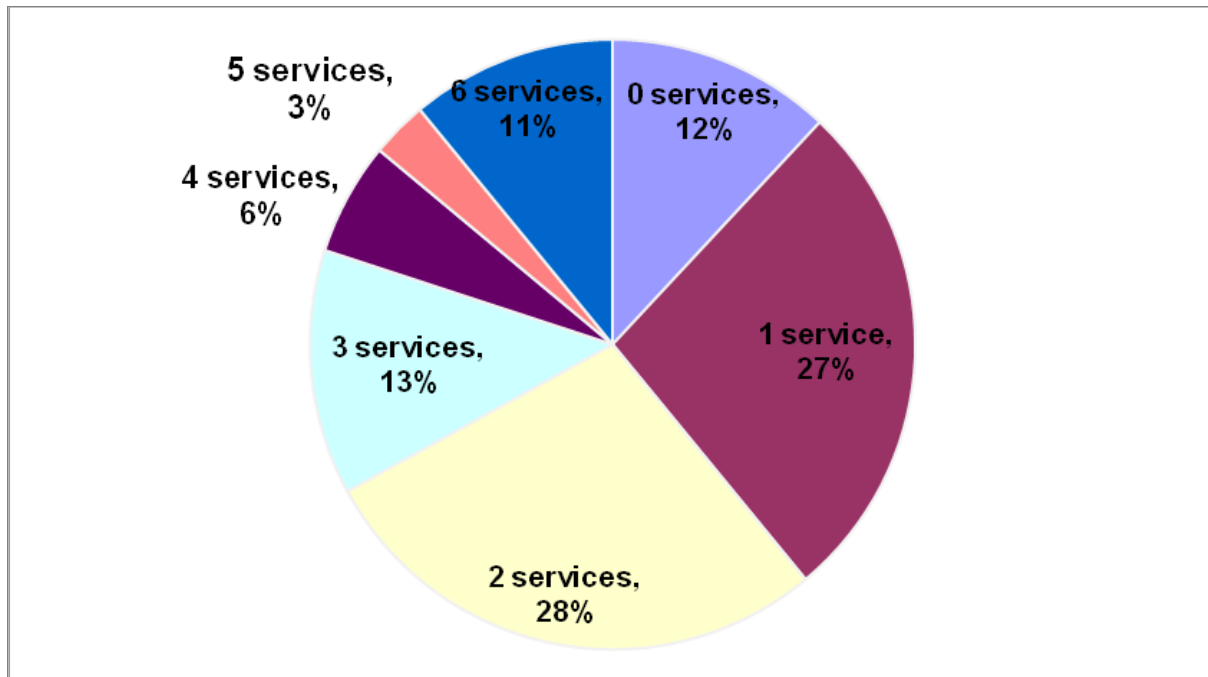


Figure 5. Numbers of non-mental health services for which responders' children required coordination

Survey responders reported their levels of satisfaction with the coordination within the mental health system of their children's services, and between those providers and external programs and agencies. Table 11 shows the percentages of responders in 2006 to 2008 who either "Strongly Agreed" or "Agreed" that they were satisfied with the coordination of their children's care among the specified programs.

Table 11. Percent of responders satisfied with the coordination of services for their children, by external program, 2006–2008¹⁹

Service	2006	2007	2008
Among different mental health providers*	61	64	61
Child Welfare	67	68	69
Oregon Youth Authority	46	45	48
Juvenile Justice	52	49	52
Education	71	73	71
Developmental Disabilities	51	55	52
Substance Abuse Treatment	44	42	43

Responders whose children received coordinated mental health and juvenile justice services showed the largest percentage increase in satisfaction (to 52 percent from 49 percent) between 2007. In addition, 48 percent of families whose children received services coordinated between their mental health provider and the OYA were satisfied in 2008, a three percent increase since 2007.

As in 2007, the highest percentages of responder satisfaction with coordination of services to their children in 2008 were those whose children's mental health care was coordinated with educational services (71 percent) and child welfare (69 percent) agencies. As was also true in 2007, families were least satisfied with the coordination of their children's mental health and substance abuse treatment services (just 43 percent of responders in 2008 were satisfied with the coordination, compared to 42 percent in 2007). In addition, the decrease to 61 percent in 2008 from 64 percent of responders satisfied with the coordination of their children's care among different mental health service providers was determined to be statistically significant.

Table 12 presents survey responders' satisfaction with the coordination of services to their children by the setting in which their children received mental health treatment.

¹⁹ * Indicates statistically significant change ($p < .05$) from 2007 to 2008 in percentage of responders who "Agreed" or "Strongly Agreed" that they were satisfied with coordination of services to their children.

Table 12. Percent (n) of responders satisfied with coordination of specific services provided to their children, by child's treatment setting, 2008

Service	Outpatient	Day	Residential
Among different mental healthcare providers	60 (1169)	71 (73)	65 (55)
Child Welfare	69 (1136)	77 (60)	65 (49)
Oregon Youth Authority	48 (453)	40 (10)	47 (17)
Juvenile Justice	52 (573)	50 (26)	43 (21)
Education	71 (1588)	76 (97)	65 (71)
Developmental Disabilities	51 (607)	61 (28)	56 (34)
Substance Abuse Treatment	43 (395)	33 (9)	50 (20)

The greatest difference among the satisfaction scores of responders grouped by treatment settings was with the coordination of mental health and substance abuse treatment, and with mental health and the child welfare system. Fifty percent of responders with children in residential facilities reported satisfaction with the coordination of their children's substance abuse treatment and mental health services, compared with 43 percent of families with children in outpatient treatment, and 33 percent of responders with children in day treatment. However, the relatively small numbers of responses from those with children in day treatment and residential facilities suggests the need for caution when interpreting these results.

Table 13, on page 30, details responders' satisfaction in 2008 with MHOs' coordination of these specified services.

Table 13. Percent (n) of responders satisfied with coordination of specific services, by MHO, 2008

Service	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS
Among different mental healthcare providers	65 (66)	62 (74)	65 (34)	54 (118)	59 (191)	66 (164)	67 (188)	56 (232)	69 (74)
Child Welfare	82 (50)	79 (73)	52 (27)	67 (96)	74 (179)	75 (160)	67 (190)	63 (266)	64 (66)
Oregon Youth Authority	38 (13)	62 (29)	22 (9)	56 (39)	42 (53)	34 (58)	45 (74)	47 (101)	43 (28)
Juvenile Justice	36 (22)	43 (28)	33 (12)	61 (51)	49 (74)	39 (64)	57 (88)	50 (135)	50 (36)
Education	75 (88)	71 (104)	69 (49)	66 (148)	74 (250)	72 (224)	72 (255)	71 (315)	66 (98)
Developmental Disabilities	63 (30)	60 (35)	60 (15)	51 (61)	47 (89)	45 (69)	58 (103)	53 (137)	46 (41)
Substance Abuse Treatment	27 (15)	50 (22)	25 (8)	59 (29)	28 (46)	37 (51)	45 (49)	36 (77)	26 (23)

ABHA, CMHO, JBH, and LaneCare received the highest percentages of responders' satisfied scores for those MHOs' care coordination work with child welfare agencies (82 percent, 79 percent, 75 percent, and 74 percent, respectively). ABHA and JBH also received the highest percentages of responders' satisfaction scores (75 percent, and 74 percent, respectively) for their coordination of mental health and education services for children.

In contrast, responders' gave ABHA, FamilyCare, JBH, and WCHHS some of the lowest coordination satisfaction scores for coordination of their children's substance abuse treatment and mental health care. In addition, just 22 percent of the responders whose children received treatment through FamilyCare in 2008 were satisfied with that MHO's coordination of mental health and OYA services.

Family members whose children were still receiving mental health services reported more satisfaction with the care coordination with specific non-mental health services than did family members whose children no longer received mental health services (Figure 6 and Table B-9, Appendix B). The differences were statistically significant in responders' scores of the coordination of their children's mental health care with juvenile justice, child welfare, development disabilities, and among different mental health providers' services.

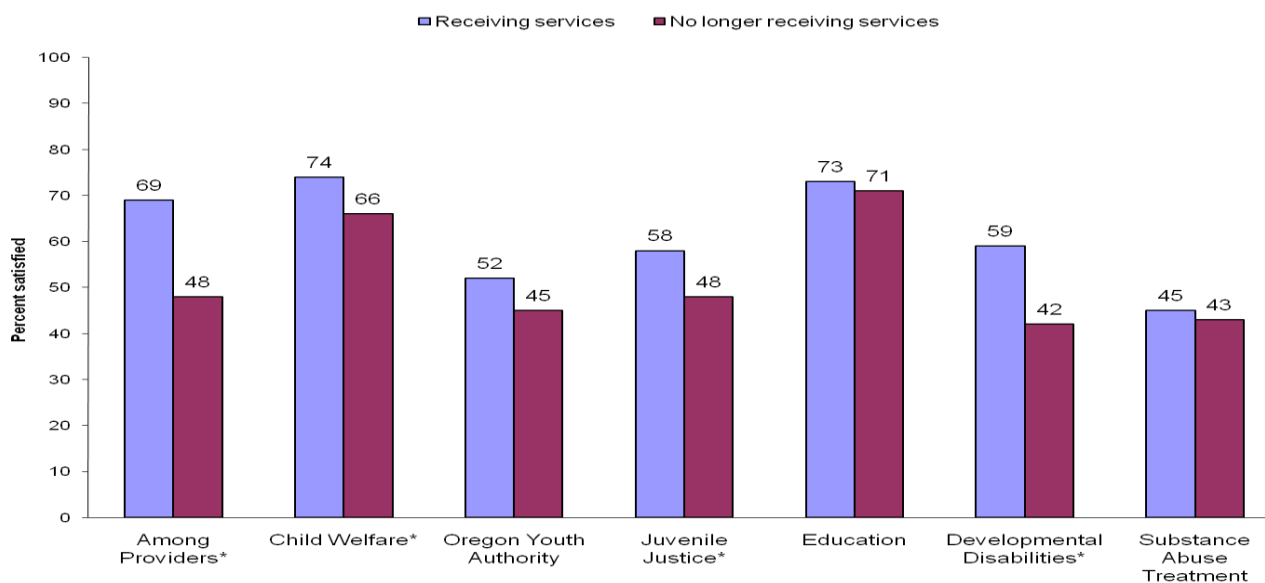


Figure 6. Percent satisfied with the coordination of specific services, by child's service status²⁰

²⁰ *Indicates statistically significant difference ($p < .05$) among the percentage of responders in each group satisfied with the coordination of services for their children.

Next, the percentage of responders who were satisfied with the coordination of their children's mental health services with *all* other services the child received was examined. Table 14 presents families' satisfaction scores grouped by the setting in which their children received mental health treatment.

Table 14. Percent of responders satisfied with MHO coordination of all services, by child's treatment setting, 2006–2008

Setting	2006	2007	2008
Day	70	62	65
Residential	60	57	50
Outpatient	62	56	56

As in 2007, a higher percentage of responders whose children received services in psychiatric day treatment facilities reported being satisfied with the coordination of *all* of their children's services, compared with responders whose children were treated in outpatient and psychiatric residential facilities.

Table 15 shows responders' satisfaction, reported by MHO, with the coordination of *all* the services their children received.

Table 15. Percent of responders satisfied with coordination of all services to their children, by MHO, 2006- 2008

MHO	2006	2007	2008
ABHA	61	62	62
CMHO	65	62	60
FamilyCare	63	43	55
GOBHI	57	53	51
JBH	62	58	59
LaneCare	63	55	59
MVBCN	62	50	57
VIBHS	60	54	53
WCHHS	63	51	50

Families' expectations about the effects of their children's mental health treatment

The 2008 survey asked responders about the expectations and hopes they held when their children began mental health treatment. As shown in Table 16, the most frequent expectations were that the child would develop better self-esteem (72 percent) and be more obedient (70 percent).

Table 16. Responders' expectations of the results of their child's mental health treatment (n=2385)

Expectation	Number "Yes"	% of responses
Expected child would develop better self-esteem	1706	72
Expected child would be more obedient	1671	70
Expected child would be less depressed	1631	68
Expected child would get along better with family	1628	68
Expected child would do better in school	1554	65
Expected child would get along better with other children	1380	58
Expected child would reduce use of or stop using alcohol or drugs	230	10
Expected child would be less likely to hurt self	877	37

Discussion and Conclusions

Domain scores

As shown below, families who answered the 2008 YSS-F survey reported slightly higher satisfaction with their children's mental healthcare providers in the Social Connectedness domain, compared to responders in 2007. The levels of responder satisfaction with their children's providers in the Treatment Participation and Cultural Sensitivity domains remained roughly the same. Families awarded their children's providers lower scores in 2008 for the Access, Appropriateness, and Treatment Outcomes domains.

Domain	% satisfied		
	2006	2007	2008
Access	71	72	69
Participation	74	76	76
Cultural Sensitivity	88	88	88
Appropriateness	63	67	65
Treatment Outcomes	56	58	57
Social Connectedness	84	84	85

Looking back to 2002, the year AMH began surveying families whose children received outpatient mental health services through OHP, some seven-year trends are apparent:

- Satisfaction with *family participation* has been stable since 2004, with about three-quarters of survey responders expressing satisfaction.
- Satisfaction with *appropriateness* of services declined slightly from the peak measured in 2007 and 2004.
- Providers consistently have received high marks for *cultural sensitivity*, with 9 out of 10 responders reporting satisfaction in that area.
- Satisfaction with *treatment outcomes* stayed the same in 2008 but remains below the peak level measured in 2004.

Overall, the 2008 survey results are largely consistent with results from 2007, although some new trends are apparent. Domain scores either decreased or leveled out.

Significant differences exist among families' domain scores for certain demographic groups. For example, responders' satisfaction with Participation, Appropriateness, Social Connectedness, and Treatment Outcomes differed significantly according to their child's age. Interestingly, the families of older children were less satisfied with their children's providers for the Appropriateness, Social Connectedness, and Treatment Outcomes domains than the families of younger children. In addition, satisfaction with family participation was significantly higher among responders with male children than for those with female children, and satisfaction with their children's social connectedness was significantly higher for responders with female children compared to those with male children.

An analysis of responders' satisfaction by racial group identified significant differences among responders' satisfaction with their children's treatment providers. African American families reported notably lower satisfaction with their children's social connectedness, cultural sensitivity, and treatment outcomes, compared with families from other racial groups. No responders in any racial group were more satisfied in a majority of the domains than another racial group.

An analysis of the survey data by ethnicity showed families of Hispanic or Latino(a) children were significantly more satisfied with their children's mental healthcare provider in every domain, except Social Connectedness, than were families of non-Hispanic or non-Latino(a) children. However, as noted in previous survey reports, research has shown that racial and ethnic minorities are more likely to rate the quality of their care higher than do non-minorities, despite quantitative differences in other measures of care that show the opposite to be true. For example, Hispanic or Latino(a) responders often rate the quality of their care higher than do non-Hispanic or non-Latino(a) responders.²¹ Such reporting differences point to the need for caution in drawing conclusions about differences in satisfaction with care among people of different racial and ethnic backgrounds.

As in the previous three years, the 2008 survey revealed marked differences in satisfaction levels based on whether the responders' children were still receiving mental health services through OHP. In all domains except social connectedness,

²¹ Bethell C, Carter K, Lannsky D, Latzke B, Gowen LK. Measuring and interpreting health care quality across culturally-diverse populations: a focus on consumer-reported indicators of health care quality. Portland, OR: Foundation for Accountability, March 2003.

significantly higher percentages of families whose children were still receiving services reported being satisfied, compared with those whose children were no longer in treatment.

Families whose children received outpatient treatment services tended to report higher satisfaction levels across domains. This result differs from the findings in 2006, when responders reported higher scores for the day treatment cohort.

Coordination of services

As in previous surveys, many responders in 2008 receiving mental health treatment through OHP for their children also reported receiving services from several State-funded programs or agencies. On average, family members reported that their children's mental healthcare provider coordinated their children's services with two of the other six services. Eight of 10 responders reported providers coordinating services for their children with education providers, and nearly six of 10 reported providers coordinating services with child welfare. Eleven percent of responders reported provider care coordination with all six non-mental health programs and agencies.

The 2008 survey results indicate that the state's efforts to improve coordination of services have increased, to a small degree, families' satisfaction with this aspect of the mental health system. Fifty-two percent of families across the state reported being satisfied with the coordination of their children's mental health services and the juvenile justice system, compared with 49 percent of families in 2007. Sixty-nine percent of responders in 2008 were satisfied with the coordination between mental health services and the child welfare system, compared to 68 percent in 2007. Families in 2008 reported higher satisfaction with the coordination of their children's mental health services, substance abuse treatment, and the OYA compared to 2007.

A higher percentage of responders whose children were in psychiatric day treatment reported being satisfied with the coordination of *all* services, compared with responders whose children received psychiatric residential or outpatient services. This finding is similar to trends in 2007.

Next steps

Ongoing surveys of families' attitudes about the mental health care AMH provides to children through OHP and the coordination of state-funded services for children will guide the agency in moving toward a more family-focused and individualized model of mental health care. The 2008 YSS-F survey results point to an ongoing need to increase families' satisfaction with the services delivered (and the results

of those services) by their children's mental health care providers, especially the outcomes and appropriateness of the mental health treatment their children receive.

As CSCI implementation proceeds, AMH will continue to focus on the coordination of its mental health services with other state-funded services for children. The 2008 survey results indicate that families whose children receive mental health services at psychiatric day treatment facilities have responded favorably to AMH's coordination improvement efforts. To date, these efforts have focused primarily on coordination of children's mental health care among healthcare providers and the education and child welfare systems.

To continue the improvement of families' overall satisfaction with the care coordination provided by their children's MHOs, AMH needs to shift its emphasis to improving care coordination with other entities providing services to children, especially substance abuse treatment facilities, the juvenile justice system, and the OYA. AMH also should determine why parents and guardians of children treated in psychiatric residential facilities in 2007 were more dissatisfied with MHOs' service coordination than they were in 2006. In addition, AMH should try to determine why survey responders whose children received treatment in psychiatric residential and outpatient settings were less satisfied with the coordination of their children's services than were those whose children received mental health services from psychiatric day treatment facilities.

AMH should identify specific practices that have improved MHO coordination of children's mental health care with education and child welfare services, and apply those (or similar) coordination practices to care coordination involving other non-mental health services.

Finally, the past three surveys have revealed significantly lower satisfaction levels among families whose children no longer receive mental health services, compared with families whose children still do. AMH may wish to study the experiences of families whose children no longer receive mental health treatment through OHP to determine why the services were terminated, the reason(s) for the termination, and what effect it may have had on the families' overall satisfaction with the AMH mental health system.

Appendix A: Additional Analysis

In addition to analyzing the data on performance domains and coordination of services, responses to the 2008 survey questions related to a child's school attendance, arrest history, and use of alcohol or illegal drugs were also analyzed. The following tables and charts summarize the results of frequency analysis of those data.

School attendance

A total of 1,107 survey responders answered both questions about their children's history of suspensions from school (Figures A-1 and A-2). Of those, 17 percent said school authorities had suspended their child in the 12 months since he or she began seeing the current or most recent mental health provider, and 18 percent said those authorities had suspended their child during the 12 months before he or she began seeing this provider.

Question: "Was your child suspended in the first 12 months since he or she began seeing his or her current (or most recent) provider?"

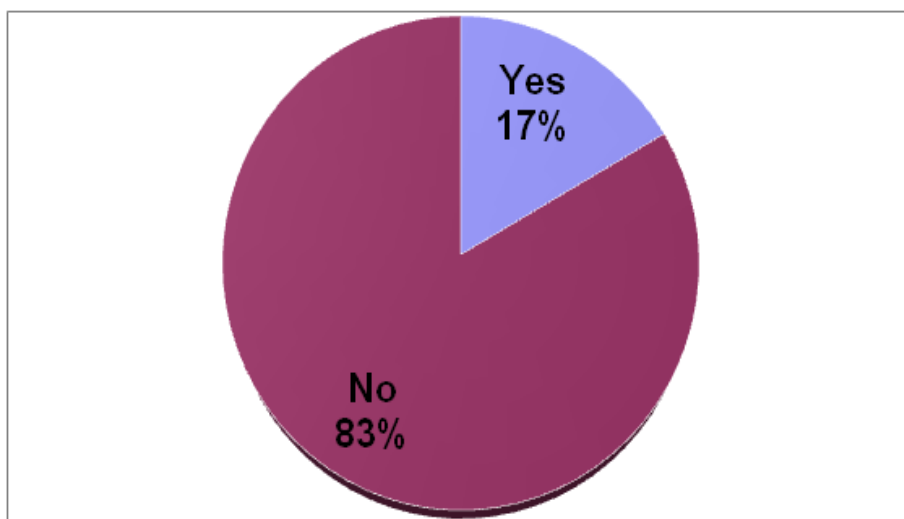


Figure A-1. School suspensions since seeing current provider (n=1107)

Question: "Was your child suspended during the 12 months before he or she began seeing this provider?"

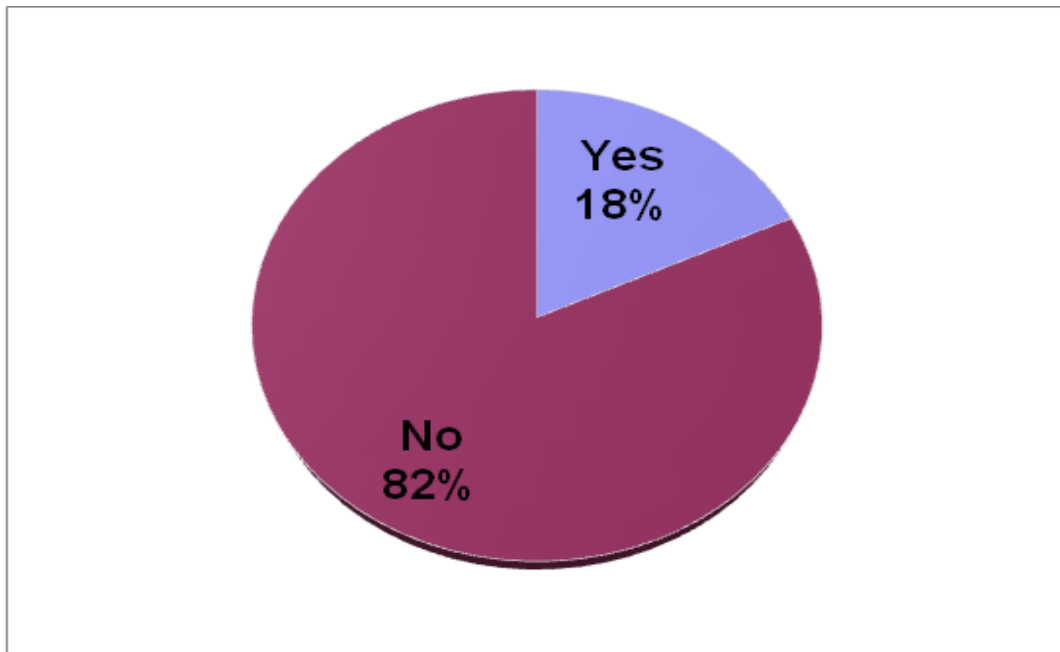


Figure A-2. School suspensions in 12 months prior to seeing provider (n=1107)

Another question asked whether the child's school attendance had changed since he or she began to receive mental health services from the current or most recent provider. More than 40 percent of the 2,385 survey responders said the question did not apply to them. Of this group, the following reasons were cited: (1) the child had no problem with attendance before starting services, (2) the child was too young to be in school, (3) the child was expelled from school, (4) the child was home-schooled, and (5) the child dropped out of school. Of the 1,111 responders to whom the question applied, 38 percent said the child's attendance had increased, while 13 percent said their child's attendance had declined (Figure A-3).

Question: "Since my child started to receive mental health services from this provider, the number of days my child has been in school is..."

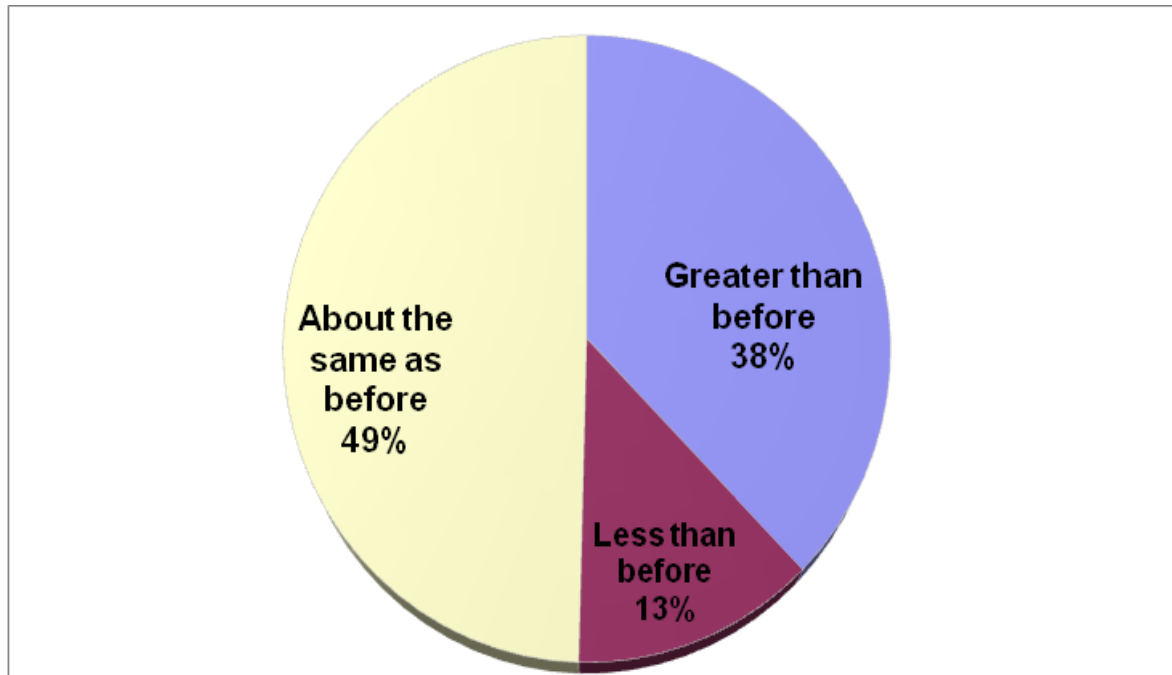


Figure A-3. School attendance since receiving mental health services (n=1111)

Child's arrest history

A total of 1,159 responders answered both survey questions about their children's arrest history before and since seeing the child's current or most recent mental health provider (Figures A-4 and A-5). Seven percent of those responders indicated that their child was arrested during the 12 months prior to beginning treatment, and six percent indicated that their child had been arrested since treatment began.

Question: "Was your child arrested in the 12 months since he or she began seeing this provider?"

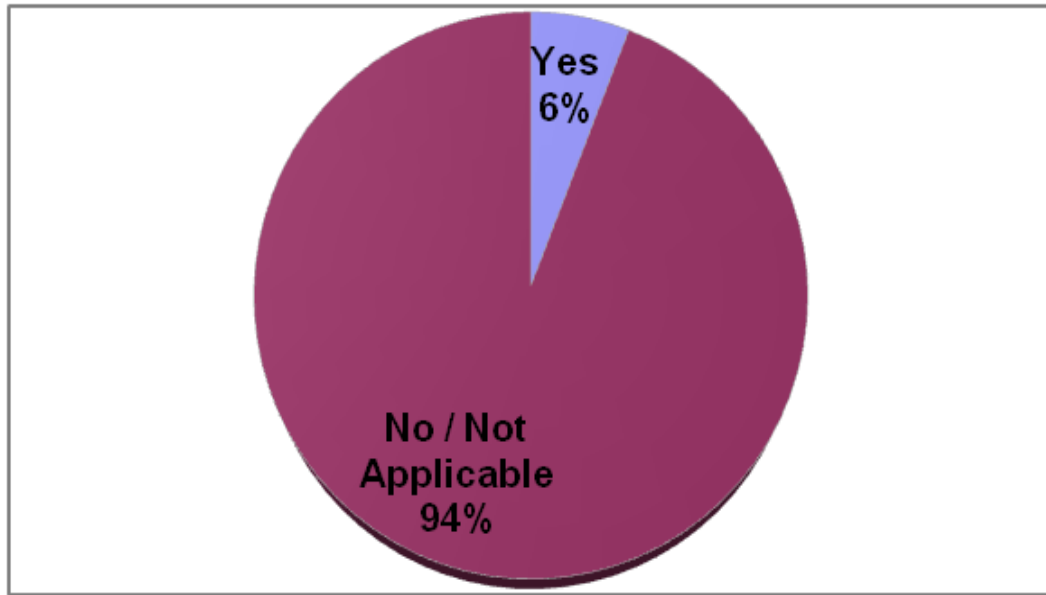


Figure A-4. Arrest history in 12 months since seeing provider (n=1159)

Question: “Was your child arrested in the 12 months before he or she started treatment with this provider?”

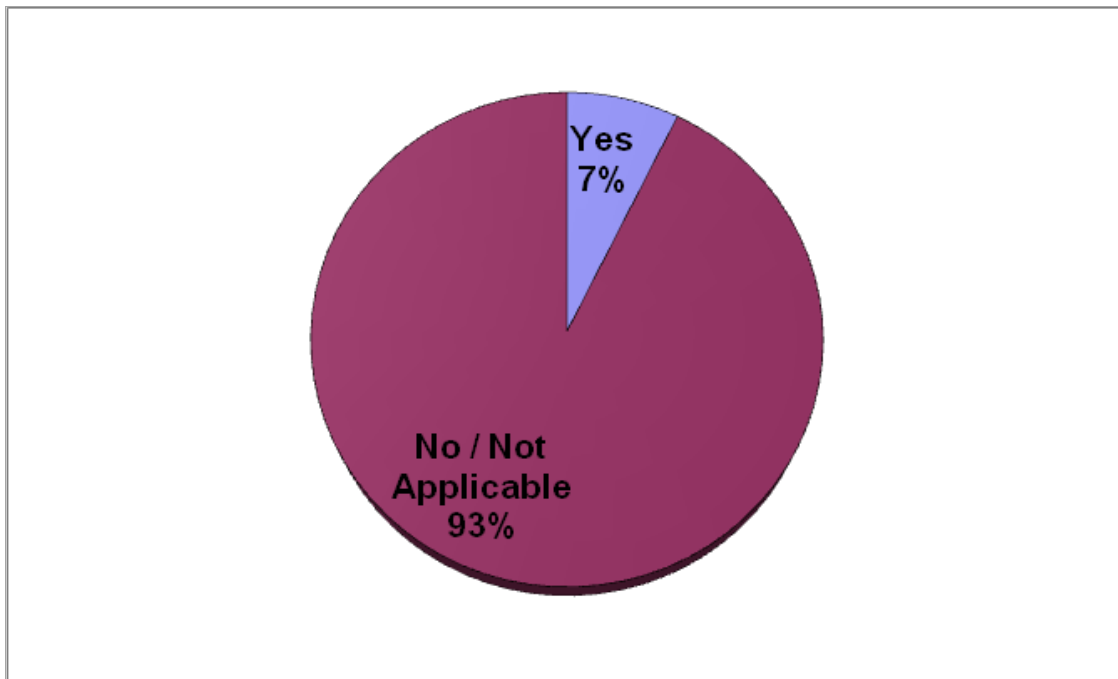


Figure A-5. Arrest history in 12 months prior to seeing provider (n=1159)

Another survey question asked whether the child’s encounters with police had changed since the child began receiving mental health services from the current or most recent provider. “Encounters” were defined as times the police harassed or arrested the child, or the child was taken to a shelter or crisis program. Among 2,385 responders, 78 percent said the question did not apply because the child had had no such encounters since receiving mental health services. Of the 425 responders for whom the question applied, 46 percent said the encounters had decreased, while 29 percent of responders said they had increased (Figure A-6).

Statement: "Since your child began to receive mental health services from this provider, have his or her encounters with the police..."

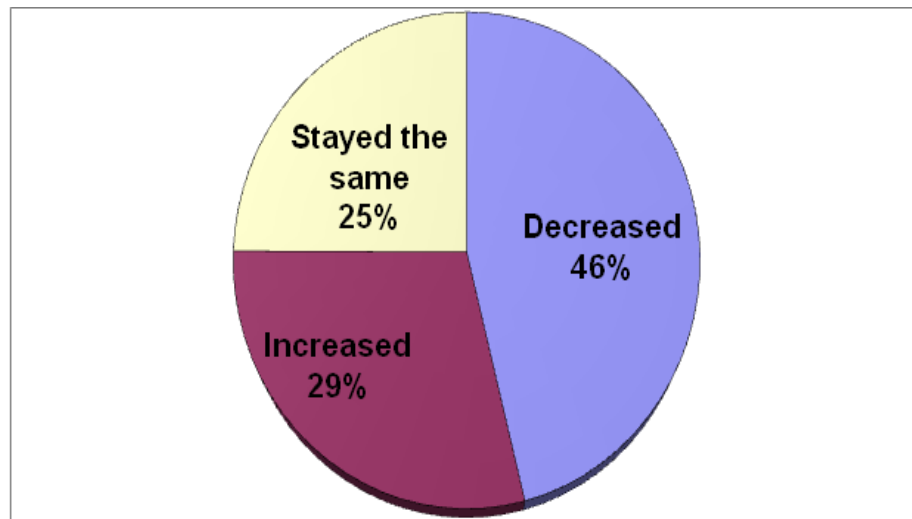


Figure A-6. Child's encounters with police since receiving mental health treatment (n=425)

Children's alcohol and drug use

Of 2,247 responders, 4 percent reported that their children were receiving treatment for alcohol or illegal drug abuse at the time of the survey (Figure A-7). Responders also stated that they thought or knew that their children were using various legal and illegal substances, as shown in Table A-1.

Statement: “My child is now receiving treatment for a problem with alcohol or illegal drugs.”

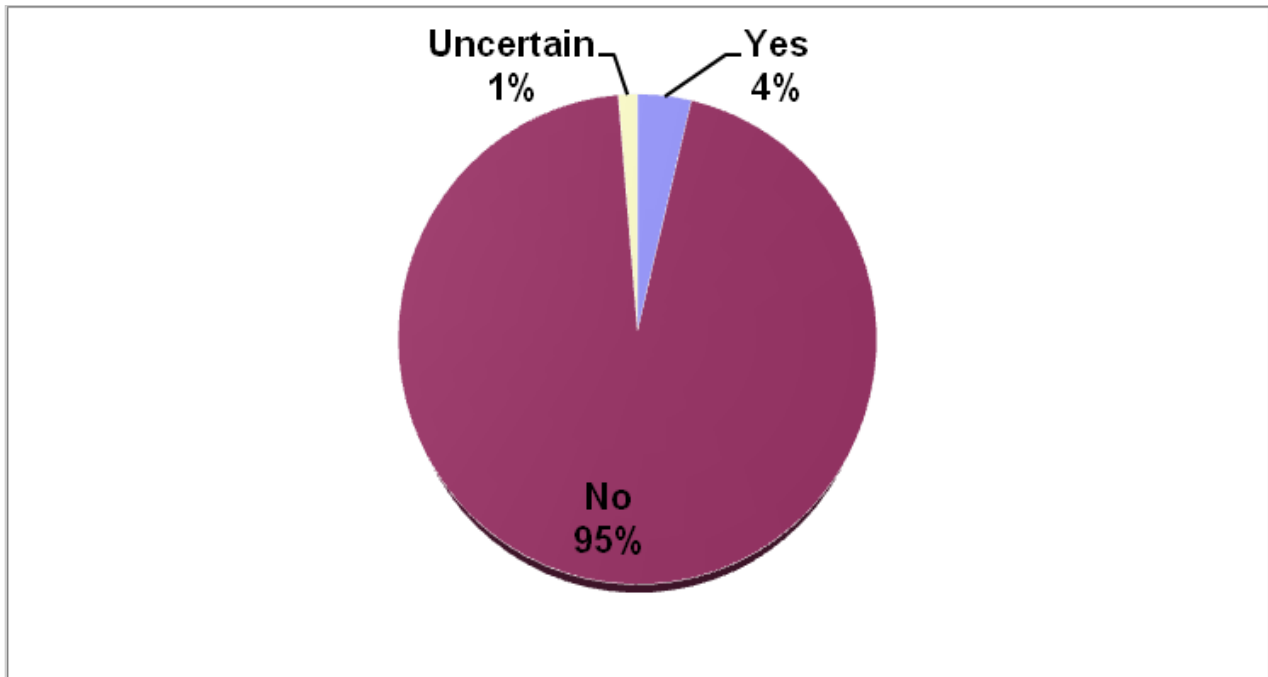


Figure A-7. Status of child’s substance abuse treatment (n=2247)

Table A-1. Responders’ knowledge or suspicion of children’s use of certain legal and illegal substances

Substance	Number “Yes”	% of responses
Tobacco	378	16
Marijuana	319	13
Other drugs not sold in stores or prescribed	65	3
Inhalants	47	2
Methamphetamine	37	2
Cocaine or Crack	32	1
Heroin	3	<1

Appendix B: Detailed Data Tables

Tables B-1 and B-2 display historical performance domain scores and percentages of agreement with survey items, respectively, for outpatient services only, because no comparable data for psychiatric residential and day treatment are available for years before 2005. Similarly, Table B-3 reports agreement with survey items by MHO for outpatient services only, because of the relatively low numbers of responses on behalf of children served in residential or day treatment facilities.

Table B-1. Percent of responders satisfied with MHO performance by domain: all treatment settings, 2006–2008

Domain	2006	2007	2008
Access	71	72	69
Participation	74	76	76
Cultural Sensitivity	88	88	88
Appropriateness	63	67	65
Treatment Outcomes	56	58	57
Social Connectedness	84	84	85

Table B-2. Percent of responders satisfied with MHO performance by domain: outpatient settings only, 2002–2008

Domain	2002	2003	2004	2005	2006	2007	2008
Access	72	77	64	67	71	72	70
Participation	68	69	76	73	74	76	76
Cultural Sensitivity	89	91	87	86	88	88	88
Appropriateness	62	63	67	61	63	67	65
Treatment Outcomes	51	54	63	56	56	58	58
Social Connectedness	NA	NA	NA	NA	84	84	85

Table B-3. Percent of survey responders who “Agree” or “Strongly Agree” with item about their MHO: outpatient only²²

		2002	2003	2005	2006	2007	2008
Access							
1	The location of services was convenient	79	78	76	79	80	78
2	Services were available at convenient time	73	75	73	79	78	78
Participation							
3	I helped to choose my child's services	67	68	70	71	74	74
4	I helped to choose my child's treatment goals	70	71	72	75	76	75
5	I participated in my child's treatment	85	85	82	86	87	86
Cultural Sensitivity							
6	Staff treated me with respect	87	87	87	90	91	90
7	Staff respected my family's religious beliefs	84	84	82	85	86	85
8	Staff spoke with me in a way I can understand	91	92	90	93	93	94
9	Staff were sensitive to my cultural background	83	84	83	84	84	85
Appropriateness							
10	Overall, I am satisfied with the services	67	68	69	72	74	74
11	The people helping my child stuck with us	66	67	68	72	74	73

²² *Omitted from calculation of domain score to maintain consistency with national survey data.

Table B-3. Percent of survey responders who “Agree” or “Strongly Agree” with item about their MHO: outpatient only (cont’d)²³

		2002	2003	2005	2006	2007	2008
Appropriateness (cont’d)							
12	I felt my child had someone to talk to	65	67	67	70	73	72
13	The services my child received were right	58	60	63	66	68	66
14	My family got the help we wanted for my child	58	59	60	62	64	64
15	My family got as much help as needed	45	50	50	54	55	55
Treatment Outcomes							
16	My child is better at handling daily life	54	55	61	62	63	63
17	My child gets along better with family	54	53	61	62	64	63
18	My child gets along better with friends	54	54	60	62	64	63
19	My child is doing better in school or at work	56	58	58	60	61	58
20	My child is better able to cope when things go wrong	50	46	52	53	54	53
21*	My child is better able to do the things he/she wants to do	—	—	—	59	62	59
22	I am satisfied with our family life right now	49	49	58	62	62	60

²³ *Omitted from calculation of domain score to maintain consistency with national survey data.

Table B-4. Percent of survey responders who “Agree” or “Strongly Agree” with survey item, by treatment setting, 2008

		Out- patient	Day	Residential
Access				
1	The location of services was convenient	78	68	67
2	Services were available at convenient time	78	79	71
Participation				
3	I helped to choose my child’s services	74	75	73
4	I helped to choose my child’s treatment goals	75	76	74
5	I participated in my child’s treatment	86	91	91
Cultural Sensitivity				
6	Staff treated me with respect	90	90	90
7	Staff respected my family’s religious beliefs	85	89	86
8	Staff spoke with me in a way I can understand	94	91	97
9	Staff were sensitive to my cultural background	85	88	83
Appropriateness				
10	Overall, I am satisfied with the services	74	72	75
11	The people helping my child stuck with us	73	79	74
12	I felt my child had someone to talk to	72	74	75
13	The services my child received were right	66	65	62
14	My family got the help we wanted for my child	64	57	60
15	My family got as much help as needed	55	52	53

Table B-4. Percent of survey responders who “Agree” or “Strongly Agree” with survey item, by treatment setting, 2008 (cont’d)

		Out- patient	Day	Residential
Treatment Outcomes				
16	My child is better at handling daily life	63	56	62
17	My child gets along better with family	63	51	60
18	My child gets along better with friends	63	52	58
19	My child is doing better in school or at work	58	54	53
20	My child is better able to cope when things go wrong	53	45	48
21*	My child is better able to do the things he/she wants to do	59	55	50
22	I am satisfied with our family life right now	60	54	50
Social Connectedness				
23	I know people who will listen and understand me when I need to talk	83	76	73
24	I have people that I am comfortable talking to about private things	83	79	80
25	I have people that I am comfortable talking with about my child's problems	86	84	76
26	I have people with whom I can do enjoyable things	85	83	75
27	In a crisis, I would have the support I need from family or friends	84	73	68
28	I have more than one friend	87	89	84
29	I am happy with the friendships I have	86	87	79

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with an item, by MHO, 2008

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
1 The location of services was convenient	87	74	79	84	82	76	76	78	70	78
2 Services were available at convenient time	84	75	79	70	80	78	79	76	77	78
3 I helped to choose my child’s services	78	75	79	70	70	80	80	69	81	75
4 I helped to choose my child’s treatment goals	78	76	77	68	77	83	80	69	76	76
5 I participated in my child’s treatment	91	88	89	78	89	89	87	88	88	87
6 Staff treated me with respect	93	95	90	87	89	91	90	88	93	90
7 Staff respected my family’s religious beliefs	86	85	79	79	84	88	89	86	85	85

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with an item, by MHO, 2008 (cont’d)

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
8 Staff spoke with me in a way I can understand	95	96	89	93	94	95	94	93	95	94
9 Staff were sensitive to my cultural background	87	85	78	82	86	88	87	84	87	86
10 Overall, I am satisfied with the services	78	69	78	73	71	79	78	69	75	74
11 The people helping my child stuck with us	79	73	80	64	72	79	76	69	74	73
12 I felt my child had someone to talk to	74	69	76	70	69	75	73	69	68	71
13 The services my child received were right	72	59	66	61	64	71	72	61	62	66

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with an item, by MHO, 2008 (cont’d)

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
14 My family got the help we wanted for my child	71	63	69	56	61	67	66	60	60	63
15 My family got as much help as needed	58	56	50	50	53	58	60	51	56	55
16 My child is better at handling daily life	69	59	68	58	65	64	65	56	59	62
17 My child is getting along better with family	65	63	68	57	64	64	65	57	62	62
18 My child gets along better with friends	59	63	68	58	61	67	65	58	58	62

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with an item, by MHO, 2008 (cont’d)

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
19 My child is doing better in school or at work	60	63	58	58	60	63	57	55	50	58
20 My child is better able to cope when things go wrong	57	53	49	50	52	55	56	49	46	52
21 My child is better able to do the things he/she wants to do	61	59	63	53	60	64	62	54	53	58
22 I am satisfied with our family life right now	65	60	64	53	63	59	65	53	54	59
23 I know people who will listen and understand me when I need to talk	87	84	84	78	83	81	83	85	80	83

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with an item, by MHO, 2008 (cont’d)

	Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
24	I have people that I am comfortable talking to about private things	86	83	80	77	82	82	82	87	83	83
25	I have people that I am comfortable talking with about child’s problems	89	85	82	81	86	82	85	89	85	85
26	I have people with whom I can do enjoyable things	84	85	82	79	87	81	85	86	84	84
27	In a crisis, I would have the support I need from family or friends	81	86	80	79	82	83	83	81	78	82

Table B-5. Percent of survey responders who “Agree” or “Strongly Agree” with an item, by MHO, 2008 (cont’d)

Item	ABHA	CMHO	Family Care	GOBHI	JBH	Lane Care	MVBCN	VIBHS	WCHHS	Aggregate
28 I have more than one friend	85	89	89	80	88	86	85	87	82	86
29 I am happy with the friendships I have	84	90	82	84	88	80	86	85	82	85

Table B-6. Responder scores of satisfaction with HMO by domain by treatment setting, with 95 percent confidence intervals, 2008

Facility type	Appropriateness (CI)	Outcome (CI)	Participation (CI)	Cultural Sensitivity (CI)	Access (CI)	Social Connectedness (CI)
Outpatient	65 (63-67)	58 (56-60)	76 (74-77)	88 (86-89)	70 (68-72)	85 (84-86)
Residential	63 (53-73)	52 (42-63)	75 (66-84)	89 (83-96)	57 (47-67)	76 (67-85)
Day	61 (52-71)	45 (36-55)	79 (71-87)	90 (84-95)	63 (53-72)	82 (74-89)
Aggregate	65 (63-67)	57 (55-59)	76 (74-77)	88 (87-89)	69 (67-71)	85 (83-86)

Table B-7. Domain scores by MHO, with 95 percent confidence intervals, 2008

MHO	Appropriateness (CI)	Outcome (CI)	Participation (CI)	Cultural Sensitivity (CI)	Access (CI)	Social Connectedness (CI)
ABHA	75 (67-82)	60 (52-69)	79 (72-86)	92 (87-97)	79 (72-86)	85 (79-91)
CMHO	62 (53-70)	59 (51-68)	74 (67-82)	89 (83-94)	61 (53-69)	87 (81-93)
FamilyCare	69 (58-81)	61 (49-73)	82 (73-92)	87 (78-95)	76 (65-86)	84 (74-93)
GOBHI	59 (52-66)	53 (46-60)	70 (63-76)	85 (80-90)	67 (61-74)	78 (72-84)
JBH	61 (56-66)	60 (55-65)	77 (73-82)	89 (85-92)	75 (70-79)	87 (83-90)
LaneCare	70 (65-75)	60 (54-65)	81 (76-85)	90 (87-94)	70 (64-75)	82 (77-86)
MVBCN	69 (64-74)	59 (54-64)	80 (76-85)	90 (87-93)	70 (65-75)	85 (81-88)
VIBHS	62 (57-66)	51 (46-56)	72 (68-77)	85 (81-88)	69 (64-73)	89 (85-92)
WCHHS	63 (54-71)	53 (44-62)	79 (72-86)	91 (86-96)	65 (56-74)	82 (75-89)

Table B-8. Domain scores by child's service status, 2008²⁴

Domain	Still receiving services	Not receiving services
Access*	73	66
Participation*	83	68
Cultural Sensitivity*	91	85
Appropriateness*	73	56
Treatment Outcomes*	60	54
Social Connectedness	86	84

Table B-9. Percent satisfied with the coordination of specific services, by child's service status, 2008²⁵

Service	Still receiving services	Not receiving services
Among different providers*	69	48
Child Welfare*	74	66
Oregon Youth Authority	52	45
Juvenile Justice*	58	48
Education	73	71
Services for Persons with Developmental Disabilities*	59	42
Substance Abuse Treatment	45	43

²⁴ *Indicates statistically significant difference ($p < .05$) in scores.

²⁵ * Indicates statistically significant difference ($p < .05$) in scores.

Table B-9. Percent satisfied with the coordination of specific services, by child's service status, 2008²⁶

Service	Still receiving services	Not receiving services
Among different providers*	69	48
Child Welfare*	74	66
Oregon Youth Authority	52	45
Juvenile Justice*	58	48
Education	73	71
Services for Persons with Developmental Disabilities*	59	42
Substance Abuse Treatment	45	43

²⁶ * Indicates statistically significant difference ($p < .05$) in scores.

Appendix C: YSS-F Survey Forms

Study ID:



**Oregon Department of Human Services
Addictions and Mental Health Division
YOUTH SERVICES SURVEY FOR
FAMILIES**

PLEASE NOTE: This survey is being mailed to the caregivers of all children aged 0 to 17 who received a publicly funded mental health service in Oregon on or after June 1, 2007. *As the same survey is mailed to all caregivers, some questions may seem odd or inappropriate to you, in light of your own child's age, circumstances, or health care needs. Please keep in mind that many people request the support of the Oregon Department of Human Services in overcoming an addiction, or in dealing with a financial, educational, or legal problem.* DHS strives to provide the best possible services and supports, and therefore strives to understand the challenges, including the financial, educational, vocational, and legal challenges, faced by Oregonians working to achieve more stable, independent, and healthy lives.

Your answers to this survey are completely confidential (private). Your answers will not be shared with your child's health care providers or other authorities, and will not affect any benefits that you or your child are receiving or might receive. Your responses are important to improving our services. However, if you feel uncomfortable with answering a particular question, please feel free to skip that question.

Please tell us about the [*outpatient, day treatment, residential*] **mental health services** your child [*fill in name*] received **between June 1, 2007, and now**. If you have cared for the child, we would like you to tell us what you know about the child, even if you are not the child's parent or legal guardian. If your child received mental health services from more than one provider since June 2007, **please rate only your child's current** [*outpatient, day treatment, residential*] **mental health services provider**. If your child is no longer receiving [*outpatient, day treatment, residential*] services, then please rate only your child's **most recent** [*outpatient, day treatment, residential*] **mental health services provider**.

A) What is your relationship to the child? (*Please check one.*)

- a. Biological parent d. Foster care parent/provider g. Non-relative

- b. Adoptive parent
- c. Stepparent
- e. Grandparent
- f. Other relative

B) Are you currently the child’s legal guardian? a. Yes b. No

C) Has the child lived with you for most or all of his/her life? a. Yes b. No

D) Is the child living with you now? a. Yes b. No

E) In the past 3 years, how many times has the child changed residence (moved from one house to another, or moved from a parent’s home to a foster care home, a friend’s home, or a residential treatment setting)?
 _____ time(s) *OR* Don’t know / Don’t remember

F) Is your child of Spanish/Hispanic/Latino Origin?
 a. Hispanic or Latino/a b. Not Hispanic or Latino/a

G) What is your child’s race? *(Check all races that you consider your child to be.)*

- a. American Indian/Alaska Native
- b. Native Hawaiian/Other Pacific Islander
- c. Black (African American)
- d. Asian
- e. White (Caucasian)
- f. Other

H) What is your child’s date of birth? ____ / ____ / ____

I) Please indicate the extent to which you agree or disagree with the following statement: **The child’s parent or caregiver directed the child’s mental health treatment and made most of the treatment decisions, including decisions about treatment goals and which services and supports were needed.**

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

Please tell us if you **Strongly Agree, Agree, Are Undecided, Disagree, or Strongly Disagree** with each statement below, by circling the appropriate number. **Again, these items refer to your child's current (or most recent) provider.**

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. I have been satisfied with the services my child receives.	5	4	3	2	1
2. I helped to choose my child's services.	5	4	3	2	1
3. I helped to choose my child's treatment goals.	5	4	3	2	1
4. The people helping my child stuck with us no matter what.	5	4	3	2	1
5. I felt my child had someone to talk to when he or she was troubled.	5	4	3	2	1
6. I participated in my child's treatment.	5	4	3	2	1
7. The services my child and/or family received were right for us.	5	4	3	2	1
8. The location of services was convenient for us.	5	4	3	2	1
9. Services were available at times that were convenient for us.	5	4	3	2	1
10. My family got the help we wanted for my child.	5	4	3	2	1
11. My family got as much help as we needed for my child.	5	4	3	2	1
12. Staff treated me with respect.	5	4	3	2	1
13. Staff respected my family's religious/spiritual beliefs.	5	4	3	2	1
14. Staff spoke with me in a way that I understood.	5	4	3	2	1
15. Staff were sensitive to my cultural/ethnic background.	5	4	3	2	1

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
<i>AS A DIRECT RESULT OF THE MENTAL HEALTH SERVICES MY CHILD RECEIVED:</i>					
16. My child is handling daily life better.	5	4	3	2	1
17. My child is getting along better with family members.	5	4	3	2	1
18. My child is getting along better with friends and other people.	5	4	3	2	1
19. My child is doing better in school and/or at work.	5	4	3	2	1
20. My child is better able to cope when things go wrong.	5	4	3	2	1
21. My child is better able to do the things he or she wants to do.	5	4	3	2	1
22. I am more satisfied with our family life.	5	4	3	2	1
<i>OTHER THAN MY CHILD'S MENTAL HEALTH SERVICE PROVIDERS:</i>					
23. I know people who will listen and understand me when I need to talk.	5	4	3	2	1
24. I have people that I am comfortable talking to about private things.	5	4	3	2	1
25. I have people that I am comfortable talking with about my child's problems.	5	4	3	2	1
26. I have people with whom I can do enjoyable things.	5	4	3	2	1
27. In a crisis, I would have the support I need from family or friends.	5	4	3	2	1
28. I have more than one friend.	5	4	3	2	1

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
29. I am happy with the friendships I have.	5	4	3	2	1

30. Since June 1, 2007, I have been satisfied with the coordination of services among my child's different mental health service providers. (In other words, I feel that my child's mental health providers have worked together to come up with a clear and consistent approach to helping my child.) (Circle one.)

Does Not Apply (Only 1 Provider)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
9	5	4	3	2	1

31. Since June 1, 2007, I have been satisfied with the coordination of my child's mental health services and...

	Does Not Apply	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
...services provided by Child Welfare	9	5	4	3	2	1
...services provided by Oregon Youth Authority	9	5	4	3	2	1
...services provided by Juvenile Justice	9	5	4	3	2	1
...services provided by my child's school or educator	9	5	4	3	2	1
...services provided by Developmental Disabilities	9	5	4	3	2	1
...services provided by an alcohol or drug treatment provider	9	5	4	3	2	1

32. When did your child *start* receiving mental health services from his or her current (or most recent) mental health provider? (Your best guess is fine.)

Month: _____ Year: _____

33a. Is your child still receiving mental health services from this provider?

- a. Yes b. No c. Don't know / Don't remember

33b. If your child is no longer receiving mental health services from this provider, about when (month and year) did your child *last* see this provider?

Month: _____ Year: _____

34. About how many times has your child seen the current (or most recent) mental health service provider? (*Please provide your best guess.*)

- _____ times *OR* Don't know / Don't remember

35. What did you *expect* to happen (or *hope* would happen), as a result of your child receiving mental health services? (*Please check all that apply.*)

<input type="checkbox"/> a. Expected or hoped the child would be less depressed or anxious	<input type="checkbox"/> e. Expected or hoped the child would get along better with family
<input type="checkbox"/> b. Expected or hoped the child would be more obedient, respectful, and/or responsible	<input type="checkbox"/> f. Expected or hoped the child would get along better with other children
<input type="checkbox"/> c. Expected or hoped the child would develop better self-esteem / be more confident	<input type="checkbox"/> g. Expected or hoped the child would reduce use of or stop using drugs or alcohol
<input type="checkbox"/> d. Expected or hoped the child would do better in school	<input type="checkbox"/> h. Expected or hoped the child would be less likely to hurt self or others

36. Who referred your child to the current (or most recent) mental health service provider? (*Please check one.*)

<input type="checkbox"/> a. A member of the child's family decided on his/her own to seek services for the child.	<input type="checkbox"/> c. The child and/or the child's family was forced (for example, by someone in the legal system) to come to services.
<input type="checkbox"/> b. A member of the child's family was encouraged by someone else (e.g., a health care provider or a teacher) to seek services for the child.	<input type="checkbox"/> d. Don't know / Don't remember.

37a. Was your child suspended from school in the first 12 months *after* s/he began seeing his or her current (or most recent) provider? (Or, if your child has been seeing his or her provider for *less* than 12 months, has your child been suspended from school since s/he began seeing his or her current (or most recent) provider?) (*Please check one.*)

- a. Yes b. No / Not applicable c. Don't know / Don't remember

37b. Was your child suspended from school during the 12 months *before* he or she began seeing this provider? (Please check one.)

- a. Yes b. No / Not applicable c. Don't know / Don't remember

38a. Was your child expelled from school in the first 12 months *after* s/he began seeing his or her current (or most recent) provider? (Or, if your child has been seeing his or her provider for *less than 12 months*, has your child been expelled from school since s/he began seeing his or her current (or most recent) provider?) (Please check one.)

- a. Yes b. No / Not applicable c. Don't know / Don't remember

38b. Was your child expelled from school during the 12 months *before* he or she began seeing this provider? (Please check one.)

- a. Yes b. No / Not applicable c. Don't know / Don't remember

39. Since my child started to receive mental health services from this provider, the number of days my child has been in school is... (Please check one.)

- a. Greater than before
- b. About the same as before
- c. Less than before
- d. Does not apply (Please select why the question does not apply:)
- | | |
|--|--|
| <input type="checkbox"/> i. My child had no problem with attendance before starting services | <input type="checkbox"/> iv. My child is home schooled |
| <input type="checkbox"/> ii. My child is too young to be in school | <input type="checkbox"/> v. My child dropped out of school |
| <input type="checkbox"/> iii. My child was expelled from school | <input type="checkbox"/> vi. Other |

40. Encounters with police include being arrested, hassled by police, or taken by the police to a shelter or crisis program. Since your child began to receive mental health services from this provider, have his or her encounters with the police...

- a. Decreased (gone down) c. Stayed the same
- b. Increased (gone up) d. Does not apply (no encounters with police)

41. Was your child arrested in the first 12 months *after* s/he began seeing his or her current (or most recent) provider? (Or, if your child has been seeing his or her provider for *less* than 12 months, has your child been arrested since s/he began seeing his or her current (or most recent) provider?) (Please check one.)

- a. Yes b. No / Not applicable c. Don't know / Don't remember

42. Was your child arrested in the 12 months *before* he or she started treatment with this provider?

- a. Yes b. No / Not applicable c. Don't know / Don't remember

43. Many children and teens use alcohol or drugs. Which of the following substances do you suspect or know that your child has used? (Please check all that apply.)

a. Alcohol	<input type="checkbox"/>
b. Tobacco (e.g., cigarettes)	<input type="checkbox"/>
c. Marijuana	<input type="checkbox"/>
d. Cocaine or Crack	<input type="checkbox"/>
e. Methamphetamine	<input type="checkbox"/>
f. Inhalants (e.g., breathing glue or paint to get high)	<input type="checkbox"/>
g. Heroin	<input type="checkbox"/>
h. Other drugs <u>not</u> sold in stores and <u>not</u> prescribed for your child by a doctor	<input type="checkbox"/>

44. My child is receiving treatment for a problem with alcohol or illegal drugs.

- a. Yes b. No c. Uncertain

Thank you for your time and cooperation in completing this questionnaire!



Nº del estudio:

**Departamento de Servicios Humanos de Oregon
División de Adicciones y Salud Mental
ENCUESTA DE SERVICIOS JUVENILES PARA LAS
FAMILIAS**

ADVERTENCIA: Esta encuesta se está enviando por correo a los cuidadores de todos los niños de 0 a 17 años de edad que recibieron algún servicio de salud mental pagado con fondos públicos en el estado de Oregon desde el mes de junio de 2007 en adelante. *Debido a que todos los cuidadores recibirán la misma encuesta, es posible que algunas de las preguntas le parezcan extrañas o inapropiadas en vista de la edad del niño, sus circunstancias específicas o sus necesidades de cuidado de la salud. Tenga en cuenta que muchas personas solicitan el apoyo del Departamento de Servicios Humanos para superar alguna adicción, o para tratar problemas de índole económica, educativa o legal.* El Departamento de Servicios Humanos de Oregon trata de brindar los mejores servicios y ayudas. Para ello, se esfuerza por comprender los desafíos de toda índole (económicos, educativos, vocacionales y legales) que enfrentan los ciudadanos de Oregon al tratar de lograr una vida más estable, independiente y saludable.

Sus respuestas a esta encuesta serán completamente confidenciales (privadas). Sus respuestas no se compartirán con los proveedores de cuidado de la salud de su hijo ni con ninguna otra autoridad. Tampoco afectarán los beneficios que usted o su hijo están recibiendo o podrían recibir. Sus respuestas son importantes para poder mejorar nuestros servicios. Sin embargo, si le resulta incómodo responder alguna pregunta en particular, tenga la libertad de no contestarla.

Coméntenos acerca de los **servicios de salud mental** [*ambulatorios, en centros de día, de internación*] que su hijo [*completar con el nombre*] recibió **desde el 1º de junio de 2007 hasta la actualidad**. Si usted ha cuidado al niño, nos gustaría que nos comente qué sabe usted acerca del niño, aunque usted no sea su padre, madre o tutor legal. Si su hijo recibió servicios de salud mental de más de un proveedor desde junio de 2007, **indique solamente el proveedor actual de servicios de salud mental** [*ambulatorios, en centros de día, de internación*] del niño. Si el niño ya no recibe servicios [*ambulatorios, en*

centros de día, de internación], indique solamente el proveedor más reciente de servicios de salud mental [*ambulatorios, en centros de día, de internación*].

A) ¿Cuál es su relación con el niño? (Marque uno.)

- a. Madre/Padre biológica
- b. Madre/Padre adoptiva
- c. Madrastra/ Padrastro
- d. Madre/Padre sustituto o proveedor de cuidado sustituto
- e. Abuela/Abuelo
- f. Otro pariente
- g. Sin relación de parentesco

B) ¿Es usted en la actualidad el tutor legal del niño? a. Sí
 b. No

C) ¿Ha estado el niño viviendo con usted la mayor parte de su vida?? a. Sí
 b. No

D) ¿El niño está viviendo con usted en la actualidad? a. Sí
 b. No

E) ¿En los últimos 3 años, cuantas veces el niño o niña cambio de residencia (e.g., se mudo de una casa a otra casa, o se mudo de la casa de sus padres a un casa de cuidado temporal, o a una casa de amigos, o a una residencia para tratamiento)?
 _____ veces o No sé / No recuerdo

F) ¿El origen del niño es español / hispano / latino? a. Si b. No

G) ¿Cuál es la raza del niño? (Marque todas las razas que correspondan.)

- a. Indígena americano o nativo de Alaska
- b. Nativo de Hawai o de otras islas del Pacífico
- c. Negro (afroamericano)
- d. Asiático
- e. Blanco (caucásico)
- f. Otro

H) ¿Cuál es la fecha de nacimiento de su hijo? ____ / ____ / ____

I) Indique cuán de acuerdo o en desacuerdo está usted con la siguiente afirmación: El padre o cuidador del niño dirigió el tratamiento de salud mental del niño y tomó la mayoría de las decisiones sobre dicho tratamiento, incluyendo las relacionadas con los objetivos del tratamiento y con los servicios y ayudas que el niño necesitaba.

Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
5	4	3	2	1

Por cada afirmación que encontrará más abajo, indique si usted está **totalmente de acuerdo, de acuerdo, indeciso, en desacuerdo** o **totalmente en desacuerdo**, haciendo un círculo en la respuesta adecuada. **Recuerde que cada respuesta tendrá que ver con el proveedor actual o más reciente del niño.**

	Totalment e de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
1. Estoy satisfecho con los servicios que recibe mi hijo.	5	4	3	2	1
2. Ayudé a elegir los servicios para mi hijo.	5	4	3	2	1
3. Ayudé a elegir los objetivos del tratamiento de mi hijo.	5	4	3	2	1
4. Las personas que ayudaban a mi hijo permanecieron firmes con nosotros en todo momento.	5	4	3	2	1
5. Sentí que mi hijo siempre tuvo a alguien con quién hablar cuando tenía problemas.	5	4	3	2	1
6. Participé en el tratamiento de mi hijo.	5	4	3	2	1
7. Los servicios que recibió mi hijo y/o mi familia fueron los correctos.	5	4	3	2	1
8. La ubicación de los servicios era conveniente para nosotros.	5	4	3	2	1
9. Los servicios estaban disponibles en horarios que nos convenían.	5	4	3	2	1
10. Mi familia obtuvo la ayuda que deseábamos para mi hijo.	5	4	3	2	1
11. Mi familia obtuvo toda la ayuda que necesitábamos para mi hijo.	5	4	3	2	1
12. El personal me trató con respeto.	5	4	3	2	1
13. El personal respetó las creencias religiosas / espirituales de mi familia.	5	4	3	2	1

	Totalment e de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
14. El personal me habló de tal manera que los pude entender.	5	4	3	2	1
15. El personal respetó mi entorno cultural / étnico.	5	4	3	2	1
<i>COMO RESULTADO DIRECTO DE LOS SERVICIOS DE SALUD MENTAL QUE RECIBIÓ MI HIJO:</i>					
16. Mi hijo está manejando mejor su vida diaria.	5	4	3	2	1
17. Mi hijo se está llevando mejor con los miembros de la familia.	5	4	3	2	1
18. Mi hijo se está llevando mejor con sus amigos y otras personas.	5	4	3	2	1
19. A mi hijo le está yendo mejor en la escuela y/o el trabajo.	5	4	3	2	1
20. Mi hijo enfrenta mejor las cosas que salen mal.	5	4	3	2	1
21. Mi hijo es capaz de hacer las cosas que quiere hacer.	5	4	3	2	1
22. Estoy más satisfecho con nuestra vida familiar.	5	4	3	2	1
<i>OTRAS PERSONAS QUE NO SEAN LOS PROVEEDORES DE SERVICIOS DE MI HIJO:</i>					
23. Conozco personas que me escuchan y entienden cuando necesito hablar.	5	4	3	2	1
24. Tengo personas con las cuales tengo confianza para hablar de cosas privadas.	5	4	3	2	1
25. Tengo personas con las cuales tengo confianza para hablar acerca de los problemas de mi hijo.	5	4	3	2	1

	Totalment e de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
26. Tengo personas con las que puedo hacer cosas agradables.	5	4	3	2	1
27. En una crisis, tengo el apoyo que necesito de mi familia o amigos.	5	4	3	2	1
28. Tengo más de un amigo.	5	4	3	2	1
29. Estoy feliz con los amigos que tengo.	5	4	3	2	1

30. Desde el 1º de junio de 2007, estoy satisfecho con la coordinación de los servicios entre los diferentes proveedores de servicios de salud mental de mi hijo (en otras palabras, siento que los proveedores de servicios de salud mental de mi hijo han trabajado juntos para lograr un enfoque claro y consistente para ayudar a mi hijo). (Haga un círculo en la respuesta correcta.)

No corresponde (sólo 1 proveedor)	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
9	5	4	3	2	1

31. Desde el 1º de junio de 2007, estoy satisfecho con la coordinación de los servicios de salud mental de mi hijo y...

	No corresponde	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
... los servicios brindados por el Programa de Bienestar de Niños.	9	5	4	3	2	1
... los servicios brindados por la Autoridad de Asuntos Juveniles de Oregón.	9	5	4	3	2	1

	No corresponde	Totalmente de acuerdo	De acuerdo	Indeciso	En desacuerdo	Totalmente en desacuerdo
... los servicios brindados por la justicia de menores.	9	5	4	3	2	1
... los servicios brindados por la escuela o educador de mi hijo.	9	5	4	3	2	1
... los servicios brindados por el Programa de Discapacidades del Desarrollo.	9	5	4	3	2	1
... los servicios brindados por un proveedor de tratamiento contra el alcohol o las drogas.	9	5	4	3	2	1

32. ¿Cuándo *comenzó* su hijo a recibir servicios de salud mental de su proveedor actual (o más reciente) de servicios de salud mental? (Una fecha aproximada está bien.)

Mes: _____ Año: _____

33a. ¿Su hijo todavía recibe servicios de salud mental de este proveedor?

a. Sí b. No c. No sé / No recuerdo

33b. Si su hijo ya no recibe servicios de salud mental de este proveedor ¿cuándo vio su hijo *por última vez* a este proveedor (mes y año aproximados)?

Mes: _____ Año: _____

34. ¿Aproximadamente cuántas veces ha visto su hijo a su proveedor actual (o más reciente) de servicios de salud mental? (*puede dar una cantidad aproximada*)

_____ veces o No sé / No recuerdo

35. ¿Qué esperaba o deseaba usted que pasara como resultado de que su hijo reciba servicios de salud mental? (Marque todos los que correspondan.)

<input type="checkbox"/> a. Esperaba o deseaba que mi hijo/a estaría menos deprimido o ansioso	<input type="checkbox"/> e. Esperaba o deseaba que mi hijo/a se llevaría mejor con su familia
<input type="checkbox"/> b. Esperaba o deseaba que mi hijo/a sería más obediente, respetoso, y o más responsable	<input type="checkbox"/> f. Esperaba o deseaba que mi hijo/a se llevaría mejor con otros niños
<input type="checkbox"/> c. Esperaba o deseaba que mi hijo/a desarrolle una mejor autoestima/ser más confidente	<input type="checkbox"/> g. Esperaba o deseaba que mi hijo/a redujera o pare de consumir drogas o alcohol
<input type="checkbox"/> d. Esperaba o deseaba que mi hijo/a estaría mejor en la escuela	<input type="checkbox"/> h. Esperaba o deseaba que mi hijo/a tenga menos probabilidades de hacer daño o hacer daño a otros

36. ¿Quién recomiendo a su hijo/a con su actual (o más reciente) proveedor de salud mental? (Marque uno.)

<input type="checkbox"/> a. Un miembro de la familia decidió por su cuenta en buscar servicios para el niño o niña	<input type="checkbox"/> c. Forzaron al niño o niña y/o a la familia del niño (por ejemplo, por alguien en el sistema legislativo) venir a los servicios
<input type="checkbox"/> b. Un miembro de la familia estuvo insentivado por otra persona (e.g., un proveedor de cuidado de salud o un profesor)	<input type="checkbox"/> d. No lo sé/ no me acuerdo

37a. ¿Fue su niño o niña suspendido/a de la escuela en los 12 meses después que el o ella comenzó a recibir tratamiento de su actual (o el más reciente) proveedor? (Marque uno.)

- a. Sí b. No c. No sé / No recuerdo

37b. ¿Fue su niño o niña suspendido/a de la escuela durante los 12 meses antes que el o ella comenzó a recibir tratamiento de este proveedor? (Marque uno.)

- a. Sí b. No c. No sé / No recuerdo

38a. ¿Fue su niño o niña expulsado/a de la escuela en los primeros 12 meses después que comenzó a recibir tratamiento de su actual (o el más reciente) proveedor? (O, si su niño o niña a estado recibiendo tratamiento por *menos* de 12 meses, entonces fue su niño o niña expulsado de la escuela desde que empezó a ver al actual proveedor? (Marque uno.)

- a. Sí b. No c. No sé / No recuerdo

38b. ¿Fue su niño o niña expulsado/a de la escuela durante los 12 meses *antes* de que comenzara a recibir tratamiento de este proveedor? (Marque uno.)

- a. Sí b. No / No corresponde c. No sé / No recuerdo

39. “Desde que mi hijo comenzó a recibir servicios de salud mental de este proveedor, la cantidad de días que mi hijo ha pasado en la escuela es...” (Marque uno):

- a. “Mayor que antes.”
- b. “Aproximadamente la misma que antes.”
- c. “Menor que antes.”
- d. No corresponde (*seleccione por qué la pregunta no corresponde:*)
- | | |
|--|--|
| <input type="checkbox"/> i. Mi hijo no tenía problemas con la asistencia antes de iniciar los servicios. | <input type="checkbox"/> iv. Mi hijo recibe educación en el hogar. |
| <input type="checkbox"/> ii. Mi hijo es muy pequeño para asistir a la escuela. | <input type="checkbox"/> v. Mi hijo abandonó la escuela. |
| <input type="checkbox"/> iii. Mi hijo fue expulsado de la escuela. | <input type="checkbox"/> vi. Otro. |

40. Los problemas con la policía incluyen arrestos, inconvenientes con la policía, o que la policía lleve al niño a un refugio o programa para adolescentes en crisis. Desde que su hijo *comenzó* a recibir servicios de salud mental de este proveedor, ¿cómo evolucionaron sus problemas con la policía?

- a. Se redujeron (menos problemas) c. Siguieron siendo los mismos
- b. Aumentaron (más problemas) d. No corresponde (nunca tuvo problemas con la policía)

41. ¿Fue su hijo/a arrestado/a en los primeros 12 meses *después* que el o ella comenzó a recibir tratamiento de su actual (o el más reciente) proveedor? (O, si su hijo/a estado recibiendo tratamiento por *menos* de 12 meses, entonces fue su hijo/a arrestado desde que comenzó a recibir tratamiento de este proveedor? (Marque uno.)

- a. Sí b. No / No corresponde c. No sé / No recuerdo

42. ¿Fue su hijo/a arrestado/a durante los 12 meses *anteriores* a comenzar el tratamiento con este proveedor?

- a. Sí b. No / No corresponde c. No sé / No recuerdo

43. Muchos niños y adolescentes consumen alcohol o drogas. ¿Cuales de las siguientes sustancias usted sospecha o sabe que su hijo consume? (*Marque las que corresponde.*)

A. Alcohol	<input type="checkbox"/>
B. Tabaco (por ej., cigarrillos)	<input type="checkbox"/>
C. Marihuana	<input type="checkbox"/>
D. Cocaína o crack	<input type="checkbox"/>
E. Metanfetaminas	<input type="checkbox"/>
F. Sustancias para inhalar (por ej., inhalar pegamento o pintura para subir el ánimo)	<input type="checkbox"/>
G. Heroína	<input type="checkbox"/>
H. Otras drogas que <u>no</u> se venden en negocios y que <u>ningún</u> médico recetó al niño	<input type="checkbox"/>

44. Mi hijo está recibiendo tratamiento por un problema con el alcohol o las drogas ilegales.

a. Sí b. No c. No sé

¡Gracias por su tiempo y cooperación para responder a este cuestionario!